UNOFFICIAL CC



Doc# 2317913333 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/28/2023 02:40 PM PG: 1 OF 3

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH DEED

Pursuant to 755 ILCS, Sec. 75, Notice of Death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That ANTHONY TYLER, died on 2/24/2022, as a resident of Cook County, Illinois, as the owner of the Property Identification Numbers: 30-07-118-012-0000 (Lot 12),30-07-118-033-0000 (Lot 13), and 30-07-118-034-0000 (Lots 14 and 15).

Legally described as:

LOTS 12, 13, 14, AND 15 IN BLOCK 7 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST ¼ OF THE NORTHWEST ¼ OF SECTION 7, TOWNSHIP 36 NORTH RANGE 15 EAST OF THE THIRD PRINCIPAL MERICIAN IN COOK COUNTY, ILLINOIS.

Commonly Known as 415 Saginaw Avenue, Calumet City, II. 60409.

And Furthermore the aforementioned owner who is now deceased recorded a Transfer

On Death Instrument, (TODI) on 3/14/22, as document number 2207319038, naming the following beneficiary, as the successive owner of the property referenced above with the stated percentage of said property,

MARLENE TYLER, 415 SAGINAW AVENUE, CALUMET CITY, ILLINOIS 60409, 100%.

In witness whereof, the undersigned beneficiary hereby accepts, the transfer of real estate under

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UNOFFICIAL COPY

STATE OF ILLINOIS

)

COUNTY OF COOK

)SS.

I the undersigned a Notary Public, in and for the State aforesaid, DO HEREBY CERTIFY THAT MARLENE TYLER OF 415 SAGINAW CALUMET CITY, ILLINOIS 60409, appeared before me, this day, in person, and swore on oath the to the above foregoing affidavit.

Signed to and Sworn to before me this day

of Mach , 202

Notary Signature

Printed Name of Notary: MARLENA A. JOHNSON

MARLENA A. JOHNSON OFFICIAL SEAL

SEAL.

Notary Public - State of Illinois
Ty Commission Expires Sep. 11, 2023

Prepared By:

Attorney Marlena A. Johnson

11107 South Longwood Avenue

Chicago, Illinois 60643

773/814-6742

Attymjohnson@yahoo.com

Mayo

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141134W60119W60119/APPERATESW4113W11111110W6060011

ORDER SECTION OF DEATHS ESCHOL

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0031471

		**			
DATE	1221	IFN:			

4/14/2022

		· 通過編集	900. Was	#151 (151 <u>)</u> 교			ii. Leet
DECEDENT'S LEGAL NAME ANTHONY DARNELL TYL	ER	對極強差		SEX MA		TE OF DEATH IARCH 24, 202	2
COUNTY OF DEATH	AND THE RESERVE AND THE PARTY OF THE PARTY O	EAT LAST BIRTHDAY		DECEMBE	R 13, 1970		
CITY OR TOWN OAK LAWN				RINSTITUTION NAME			
PLACE OF DEATH INPATIENT			AGENTAL THE		1967 <u>18</u> 46 240		
BIRTHPLACE CHICAGO IL	SOCIAL SECURITY NU 361-58-6354	MBER STATUS AT TIME (MARRIED	-1825 - 1836 - 186 1 -	URVIVING SPOUSE/CIVII MARLENE ANN	p-64		RINUS ARMED RCES? NO
RESIDENCE 415 SAGINAW		APT. NO	1 (1985) 1 (1987) 1 (1985)	OR TOWN		INSIDE YE	CITY LIMITS?
COUNTY STATE		HER/CO PARENT'S NAME PRIC	R TO FIRST MARRIAGE/	Territoria de la companya della companya della companya de la companya della comp	ERICO PARENT'S NAM	E PRIOR TO FIRST MA	RRIAGE/CIVIL UNION
INFORMANT'S NAME MARLENE ANN TYLER		RELATIONSHIP WIFE	24.7	AILING ADDRESS 7938 S.BISHOP	CHICAGO, IL	60620	
METHOD OF DISPOSITION CREMATION		DISPOSITION TS CREMATORY	Transfer (1994)	OCATION CITY OR CHICAGO HEIGH		DATE OF DISPO	
FUNERAL HOME HEAVENLY ANGELS FUI	NERAL HOME, 244	51,3TH STREET,	CHICAGO, IL, 60	1827			
FUNERAL DIRECTOR'S NAME DUSHAWN: SMITH					ERAL DIRECTOR'S 34016056	ILLINOIS LICENSE	NUMBER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH					E FILED WITH LOC MARCH 29, 202		
CAUSE OF DEATH	SEVERE NON ISCI	HEMIC CARDIOMY OF A	THY MAN WEEK	en vet v	andres with	- 1885 A. A.	ede ereg
IMMEDIATE CAUSE						DEATH	
	. VENTRICULAR AR		s a cu illari of)		l xoria	RVAL BE	
	END STAGE RENA		s a consequence of):			INTE SOOS	
		Due to (or a	s a consequence of				
PART II. Enter other significant con	ditions contributing to o	leath but not resulting in the	underlying cause give	en in PART I	WAS AN AU	TOPSY PERFORME	
					WERE AUT	OPSY FINDINGS US CAUSE OF DEATH	SED TO
FEMALE PREGNANCY STATUS NOT APPLICABLE			And the second		M. N. NER O	F DEATH	
DATE OF INJURY	TIME	OF INJURY	LACE OF INJURY				URY AT WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURR	ED:				IF.	TRANSPOR ATION	INJURY SPECIFY
ATTEND THE DECEASED? YES	MARCH 24, 2022	WAS MEDICAL EX CORONER CONT/		DATE PRONO	UNCED	5,000	OF DEATH 54 AM
CERTIFIER PHYSICIAN						TE CERTIFIED MARCH 25, 20	
NAME ADDRESS AND ZIP CODE OF CHETHANA VENCE, 444			OIS; 60453			PHYSICIAN'S LICE 036105319	
						4.	156506



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough Cook County Clerk

