



2322722016

Doc# 2322722016 Fee \$88.00

RHSP FEE: \$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/15/2023 12:36 PM PG: 1 OF 3

DOCUMENT PREPARED BY:

Anna Lopez
 2042 w 21st Place
 Chicago IL, 60608

MAIL SUBSEQUENT TAX BILLS TO:

Anna Lopez
 2042 w 21st Place
 Chicago IL 60608

SPECIAL NOTICE: THIS IS A NON-MANDATORY COURTESY FORM, AND IS NOT LEGAL ADVICE IN ANYWAY!

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED

Pursuant to §755 ILCS 27/75, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been

duly sworn and under oath, do state the following: That, SEVERINO LOPEZ died on Oct 31, 2022

as a resident of COOK County, Illinois, as owner of the Property Identification Number:

17 - 19 - 321 - 021 - 0000

With the Legal Description of (attach exhibit if more room is needed):

lot 31 in the subdivision of Block 60 in section 19, Township 39 North, Range 14, East of the third principal meridian, according to the map of said second book C of plats, page 1, formerly in the office of the board of public works in Chicago, Cook county, Illinois And Common Address Of:

2042 w 21st Place Chicago, IL 60608

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on

11/28/22 as Document Number: 223322208 naming the following beneficiary/beneficiaries

as the successive owner(s) of the property referenced above with the stated percentage/share of said property:

NAME:	ADDRESS:	SHARE:
Anna Lopez	2042 w 21st Place Chicago IL 60608	33 1/3
STEVE MENDEZ	2042 w 21st Place Chicago IL 60608	33 1/3
Anthony Lopez	4805 S Langley Chicago IL 60615	33 1/3

This form is compliments of:

KAREN A. YARBROUGH

COOK COUNTY CLERK

UNOFFICIAL COPY

COOK COUNTY CLERK NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED PAGE 2 OF 2 (COURTESY FORM)

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this 09 (day) of August (month), 2023 (year).

Beneficiary Name & Signature Section:

Anna Lopez
Print Beneficiary Name Above

Steve "Esteban" Mendez
Print Beneficiary Name Above

Anna Lopez
Beneficiary Signature Above

[Signature]
Beneficiary Signature Above

Anthony Lopez
Print Beneficiary Name Above

Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Notary Public Section:

STATE OF ILLINOIS }
COUNTY OF Cook } SS

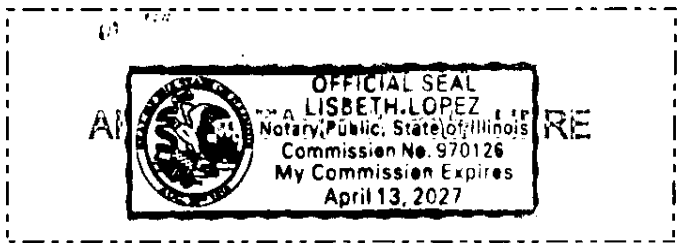
I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

Anna Lopez, Anthony Lopez, & Steve Mendez
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.

Signed and sworn to before me this 9th (day) of August (month), 2023 (year).

[Signature]
Signature of Notary Above



Lisbeth Lopez
Print Name of Notary Above

This form is compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0100114

DATE ISSUED 8/15/2023

DECEDENT'S LEGAL NAME SEVERINO LOPEZ		SEX MALE	DATE OF DEATH OCTOBER 31, 2022	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH FEBRUARY 11, 1935		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME MT SINAI HOSPITAL & MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 331-34-2764	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME REFUGIO HUERTA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2108 W 21ST PLACE	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60608	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANITA GOVEA
INFORMANT'S NAME REFUGIO LOPEZ		RELATIONSHIP WIFE	MAILING ADDRESS 2108 W 21ST PLACE, CHICAGO, IL, 60608	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 04, 2022	
FUNERAL HOME SZYKOWNY FUNERAL HOME LTD., 4901 S. ARCHER AVE., CHICAGO, IL, 60632				
FUNERAL DIRECTOR'S NAME JONATHAN F. SIEDLECKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011663	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 14, 2022	
CAUSE OF DEATH PART I: MASSIVE PULMONARY EMBOLISM				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. CARDIOGENIC SHOCK		
		c.		
		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I PULMONARY FIBROSIS			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 31, 2022	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:27 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 31, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: JUAN F. VILLEGAS GARCIA, 1500 S CALIFORNIA, CHICAGO, ILLINOIS, 60608			PHYSICIAN'S LICENSE NUMBER 036-132345	

2520166



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
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM