

# UNOFFICIAL COPY

Doc#: 2328328071 Fee: \$107.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 10/10/2023 11:20 AM Pg: 1 of 3

## Notice of Death Affidavit and Acceptance of Transfer on Death Instrument

**NOTICE:** This Notice of Death Affidavit and Acceptance form or equivalent form must be recorded by the beneficiary after the death of the owner to make the transfer on death instrument effective. You should consult a lawyer before using this form.

PREPARED BY AND RETURN TO: <b>David E. Trice, Attorney at Law</b> 9723 S. Western Ave., Chicago, IL 60643	SEND SUBSEQUENT TAX BILL TO: <b>MYRA STARKS</b> 3126 WILSHIRE ST. MARKHAM, IL 60428
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The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

1. That, **MERTIS ODOM**, died on **MARCH 07, 2022** a resident of **COOK County, IL** owning residential real estate legally described below:
  - a. **LOT 56 IN BLOCK 4 OF CANTERBURY GARDENS UNIT NO. 1, A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**
2. That the street address of the residential real estate is:
  - a. **3126 WILSHIRE ST., MARKHAM, IL 60428**
3. That the property identification number is: **28-24-104-033-0000**
4. That the Transfer on Death Instrument is dated: **July 16, 2015**
5. That in the Office of the Recorder for **COOK COUNTY, Illinois** the recorded Document No is **1519847004**.
6. That the undersigned whose names and addresses appear below are all beneficiaries entitled to receive under the Transfer on Death Instrument:

Beneficiary Name	Address	
<b>MYRA STARKS</b>	<b>3126 WILSHIRE ST., MARKHAM, IL 60428</b>	<b>HELD AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP</b>
<b>FELECIA ODOM-BROWN</b>	<b>3028 SHERWOOD AVE., MARKHAM, IL 60428</b>	
<b>SEBASTIAN WIGGINS</b>	<b>16426 HOMAN AVE., MARKHAM, IL 60428</b>	

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Notice of Death Affidavit and Acceptance of Transfer on Death Instrument	
<p><b>Statement of Beneficiaries</b></p> <p>By signing below on the appropriate line above his or her printed name, in witness whereof, the respective undersigned beneficiary hereby accepts the transfer of residential real estate under the applicable transfer on death instrument on the date of signing indicated by the beneficiary.</p>	<p><b>Statement of Notary Public</b></p> <p>I, the undersigned, a Notary Public in and for the State indicated, DO HEREBY CERTIFY THAT the specified beneficiary personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me on the date indicated, in person, and swore on oath to the above foregoing affidavit.</p>
<p>BENEFICIARY</p>   <p>On oath, I certify on this 5TH day of OCTOBER, 2023 to the truthfulness of the foregoing affidavit.</p> <p>x <u>Myra Starks</u></p> <p>Beneficiary's Name: MYRA STARKS</p>	<p>STATE OF IL, COUNTY OF COOK</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">             (Seal) OFFICIAL SEAL              DAVID E TRICE              NOTARY PUBLIC, STATE OF ILLINOIS              MY COMMISSION EXPIRES: 10/3/2025         </div> <p>Beneficiary's Name: MYRA STARKS. Signed and sworn to before me this 5TH day of OCTOBER, 2023</p> <p>x <u>David E. Trice</u></p> <p>Notary Public</p>
<p>BENEFICIARY</p>   <p>On oath, I certify on this 5TH day of OCTOBER, 2023 to the truthfulness of the foregoing affidavit.</p> <p>x <u>Felecia Odom Brown</u></p> <p>Beneficiary's Name: FELECIA ODOM-BROWN</p>	<p>STATE OF IL, COUNTY OF COOK</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">             (Seal) OFFICIAL SEAL              DAVID E TRICE              NOTARY PUBLIC, STATE OF ILLINOIS              MY COMMISSION EXPIRES: 10/3/2025         </div> <p>Beneficiary's Name: FELECIA ODOM-BROWN Signed and sworn to before me this 5TH day of OCTOBER, 2023</p> <p>x <u>David E. Trice</u></p> <p>Notary Public</p>
<p>BENEFICIARY</p>   <p>On oath, I certify on this 5TH day of OCTOBER, 2023 to the truthfulness of the foregoing affidavit.</p> <p>x <u>Sebastian Wiggins</u></p> <p>Beneficiary's Name: SEBASTIAN WIGGINS</p>	<p>STATE OF IL, COUNTY OF COOK</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">             (Seal) OFFICIAL SEAL              DAVID E TRICE              NOTARY PUBLIC, STATE OF ILLINOIS              MY COMMISSION EXPIRES: 10/3/2025         </div> <p>Beneficiary's Name: SEBASTIAN WIGGINS Signed and sworn to before me this 5TH day of OCTOBER, 2023,</p> <p>x <u>David E. Trice</u></p> <p>Notary Public</p>

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## CERTIFICATION OF DEATH RECORD

**EXHIBIT FOR RECORDING COOK COUNTY CLERK VITAL RECORDS  
TODI ACCEPTANCE CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **2022 0028227** DATE ISSUED **3/28/2022**

DECEDENT'S LEGAL NAME <b>MERTIS ODOM</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>MARCH 07, 2022</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>89 YEARS</b>	DATE OF BIRTH <b>AUGUST 15, 1932</b>		
CITY OR TOWN <b>EVERGREEN PARK</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>AVANTARA EVERGREEN PARK</b>		
PLACE OF DEATH <b>NURSING HOME / LONG TERM CARE FACILITY</b>				
BIRTHPLACE <b>GREENWOOD, MS</b>	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH <b>WIDOWED</b>	SURVIVING SPOUSAL/CIVIL UNION PARTNER'S MARITAL NAME	EVER INT'L S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>3126 WILSHIRE AVENUE</b>		APT. NO.	CITY OR TOWN <b>MARKHAM</b>	INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60428</b>	FATHERED PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>JOHN LEE</b>	MOTHERED PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>EVIE COBB</b>
INFORMANT'S NAME <b>MYRA STARKS</b>		RELATIONSHIP <b>DAUGHTER</b>	MAILING ADDRESS <b>3126 WILSHIRE AVENUE, MARKHAM, IL 60428</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>LINCOLN CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>CHICAGO, IL</b>	DATE OF DISPOSITION <b>MARCH 19, 2022</b>	
FUNERAL HOME <b>W W HOLT FUNERAL HOME, 175 W 159TH STREET, HARVEY, IL, 80426</b>				
FUNERAL DIRECTOR'S NAME <b>CORNELIUS E CARPENTER</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034017031</b>	
LOCAL REGISTRAR'S NAME <b>KELLY A KUZELIK</b>			DATE FILED WITH LOCAL REGISTRAR <b>MARCH 18, 2022</b>	
<b>CAUSE OF DEATH</b>				
PART I. DECOMPENSATED CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (First disease or condition resulting in death)				
a. _____ Due to (or as a consequence of)				
b. RENAL FAILURE				
c. ATHEROSCLEROSIS				
Due to (or as a consequence of)				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
REMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
MANNER OF DEATH <b>NATURAL</b>				
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? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>02:19 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>MARCH 18, 2022</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>DR. JACQUELINE RAYNE, 4001 VOLLMER RD, OLYMPIA FIELDS, ILLINOIS, 60481</b>			PHYSICIAN'S LICENSE NUMBER <b>036091396</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2129989



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE