

UNOFFICIAL COPY



DEED IN TRUST - WARRANTY

THIS INDENTURE, WITNESSETH, THAT
THE GRANTOR,
Helen Paschos, a widow

of the County of Cook and
State of Illinois for and
in consideration of the sum of Ten Dollars
(\$ 10.00) in hand paid, and of other good
and valuable considerations, receipt of which
is hereby duly acknowledged, convey and
WARRANT unto **CHICAGO TITLE LAND**

TRUST COMPANY a Corporation of Illinois
whose address is 10 S. LaSalle St., Suite 2750, Chicago, IL 60603, as Trustee under the provisions of a certain Trust
Agreement dated October 16, 2023 and known as Trust Number 8002393046, the following
described real estate situated in Cook County, Illinois to wit:

Doc# 2331710024 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/13/2023 12:17 PM PG: 1 OF 5

(Reserved for Records Use Only)

SEE ATTACHED LEGAL DESCRIPTION

Commonly Known As 9349 North Ozark Avenue, Morton Grove, IL. 60053

Property Index Numbers 09-13-107-020-0000

together with the tenements and appurtenances thereunto belonging.

TO HAVE AND TO HOLD, the said real estate with the appurtenances, upon the trusts, and for the uses and
purposes herein and in said Trust Agreement set forth.

**THE TERMS AND CONDITIONS APPEARING ON PAGE 2 OF THIS INSTRUMENT ARE MADE A PART
HEREOF.**

And the said grantor hereby expressly waives and releases any and all right or benefit under and by virtue of
any and all statutes of the State of Illinois, providing for exemption or homesteads from sale on execution or
otherwise.

IN WITNESS WHEREOF, the grantor aforesaid has hereunto set hand and seal this 28th day of
October 2023

Signature
Helen Paschos
Signature

Signature

Signature

STATE OF Illinois) I, Samuel A. Garnello, a Notary Public in and for
COUNTY OF Cook) said County, in the State aforesaid, do hereby certify

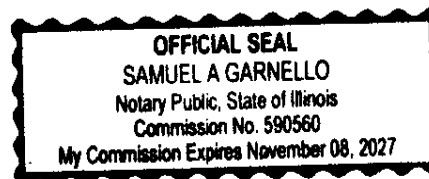
Helen Paschos

personally known to me to be the same person(s) whose name(s) is subscribed to the foregoing instrument,
appeared before me this day in person and acknowledged that she signed, sealed and delivered said instrument
as a free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of
homestead.

GIVEN under my hand and seal this 28th day of October 2023

Samuel A. Garnello
NOTARY PUBLIC

Prepared By: Garnello and Associates PC
19 South Bothwell Street, Palatine, IL. 60067



MAIL TO: CHICAGO TITLE LAND TRUST COMPANY
10 S. LASALLE STREET, SUITE 2750
CHICAGO, IL 60603

SEND TAX BILLS TO: CTTCo, As Trustee
9349 North Ozark Avenue
Morton Grove, IL. 60053

EXEMPT-PURSUANT TO SECTION 1-11-5
VILLAGE OF MORTON GROVE REAL ESTATE TRANSFER STAMP

EXEMPTION NO. 11301 DATE 11.1.23
ADDRESS 9349 N. OZARK AVE
(VOID IF DIFFERENT FROM DEED)
BY SP

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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 10/20/2023 Signature: Helen Paschke
Grantor or Agent

Subscribed and sworn to before me
by the said GRANTOR,
dated 10/20/2023.

Notary Public Samuel A. Garnello

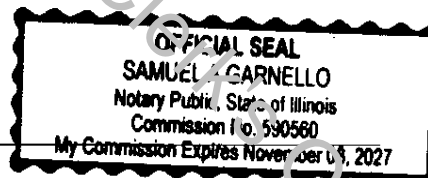


The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 10/20/2023 Signature: Helen Paschke
Grantee or Agent

Subscribed and sworn to before me
by the said GRANTEE,
dated 10/20/2023.

Notary Public Samuel A. Garnello





Note: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or Facsimile ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act).

NOTE: LAND TRUSTEE IS NEITHER "GRANTEE OR AGENT" OF AN ASSIGNMENT OF BENEFICIAL INTEREST.

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Property of Cook County Clerk's Office

REAL ESTATE TRANSFER TAX		10-Nov-2023
	COUNTY:	0.00
	ILLINOIS:	0.00
	TOTAL:	0.00
09-13-107-020-0000 20231001653275 0-424-310-736		

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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 9th (day) of November (month), 2023 (year).

Beneficiary Name & Signature Section:

<u>JESSE TERRAZAS</u> Print Beneficiary Name Above	_____ Print Beneficiary Name Above
<u>[Signature]</u> Beneficiary Signature Above	_____ Beneficiary Signature Above
_____ Print Beneficiary Name Above	_____ Print Beneficiary Name Above
_____ 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

Jesse Terrazas
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 9 (day) of November (month), 2023 (year).

[Signature]
Signature of Notary Above

Cynthia Martinez
Print Name of Notary Above

OFFICIAL SEAL
AFFIX NOTARY SEAL HERE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 04/10/2026

This form is
compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

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of 2



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **374326**

Local No 002777

EDR No 000011588862

State No 2023-040655

1. Decedent's Legal Name (First, Middle, Last) John W. Talton				1a. Maiden Name (If female)		2. Gender Male	3. Time Of Death 05:00 AM	4. Date Of Death (Month/Day/Year) 08/04/2023	
5. Social Security Number	5a. Age - Yrs 75	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 10/13/1947		8. Birthplace (City and State or Foreign Country) Atlanta, Georgia	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) William J. Riley Memorial Residence, Hospice									
12. City Or Town, State, And Zip Code Munster, Indiana 46321					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation Bus Driver		17. Kind Of Business/Industry CTA	
18. Residence - State IL		18a. County Cook			18b. City Or Town Lansing				
18c. Street And Number 18534 Oakley Avenue						18d. Apt. No.	18e. Zip Code 60438	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed			20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) John Johnny Talton					23. Parent's Name (First, Middle, Last) Ethel Mae Talton			23a. Parent's Last Name Before First Marriage Willis	
24. Informant's Name Jesse Terrazas			24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 18306 Harper Street, Lansing, IL, 60438				
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Regional Cremation Service			25c. Location - City, Town, And State Munster, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Ave, Munster, Indiana, 46321						27a. Funeral Home License Number: FH10700038	
27b. Signature Of Indiana Funeral Service Licensee: <i>Kevin W Kishi</i>					Electronically Signed		27c. License Number (Of Licensee): FD01021590		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. METABOLIC ENCEPHALOPATHY DUE TO NON-TRAUMATIC				Approximate Interval: Onset To Death 5 DAYS		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. INTRACEREBRAL HEMORRHAGE				5 DAYS		
			C. _____						
			D. _____						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
LYMPHANGIOMA, CHRONIC ALCOHOL ABUSE									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38c. Apt. No.			38d. Zip Code		
39. Describe How Injury Occurred		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT AUG 15 2023			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death: <i>Lyle R Munn</i>		Electronically Signed			42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 600 Superior Avenue, Munster, IN 46321		LAKE COUNTY HEALTH OFFICER			44. License Number 01D31582A		45. Date Certified 08/09/2023		
46. Additional Funeral Service Provider:					47. Akas:				
48. Signature of Local Health Officer: <i>Chandana Vavilala</i>					Electronically Signed		49. For Registrar Only - Date Filed (Month/Day/Year): 08/10/2023		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
Informant-Last Name- amended on AUG-14-2023; formerly Talton;									