

# UNOFFICIAL COPY



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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/28/2023 12:01 PM PG: 1 OF 3

## DECEASED JOINT TENANCY AFFIDAVIT

LARISA MIKHAILOV ("Affiant"), being duly sworn, states that she is the surviving owner of 2448 Seminary Avenue, Des Plaines, Illinois 60016 situated in the County of Cook. Affiant is the widow of FELIX MIKHAILOV, deceased, who at the time of his death was one of the owners of the real estate in Cook County, Illinois, described as:

THE WEST 55.0 FEET OF THE EAST 65.0 FEET, AS MEASURED ON THE NORTH & SOUTH LINES THEREOF OF THE SOUTH 150.0 FEET AS MEASURED ON THE EAST & WEST LINES THEREOF OF LOT 11 IN CENTRAL HIGH SCHOOL ADDITION TO DES PLAINES, IN THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF RECORDED APRIL 24, 1928 AS DOCUMENT NUMBER 9998960, IN BOOK 258 OF PLATS, PAGE 38, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 09-15-304-030-0000

Property Address: 2448 Seminary Avenue, Des Plaines, Illinois 60016

FELIX MIKHAILOV died on July 8, 2023, as evidenced by a copy of the death certificate attached hereto.

Affiant makes this Affidavit for the purpose of re-titling the above-referenced property in the name of her living trust.

This instrument prepared by, and after recording, please return to:  
Jason S. Ornduff, Harrison LLP, 333 W. Wacker Dr., Ste. 1700, Chicago, IL 60606

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Witnesses:

Grantor:

Patrina Newkirk  
Witness #1 signature

Larisa Mikhailov  
LARISA MIKHAILOV

Patrina Newkirk  
Printed name of witness #1

Elijah Hall  
Witness #2 signature

Elijah Hall  
Printed name of witness #2

STATE OF Florida

COUNTY OF Palm Beach

This instrument was acknowledged before me, by means of  physical presence or  online notarization, on 10/12/23, by LARISA MIKHAILOV,  who is personally known to me OR  who has produced FLOR as identification [CHECK APPLICABLE BOX TO SATISFY IDENTIFICATION REQUIREMENT OF FLA STAT. SEC. 117.05].

[Affix Notary Seal]



STEVENS MILORD  
Commission # HH 133331  
Expires September 9, 2025  
Bonded Thru Budget Notary Services

Stevens Milord  
Notary Public  
My Commission Expires: 09/09/25

# UNOFFICIAL COPY

STATE OF TENNESSEE  
Office of Vital Records

TN

## TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER **2023 044219**

1. Decedent's Legal Name <b>FELIX MIKHAILOV</b>		2. Sex <b>MALE</b>		3. Date of Death <b>07/08/2023</b>	
4. Time of Death (Approx.) <b>15:33</b>		5a. Age <b>66</b>		6. Date of Birth <b>09/20/1956</b>	
7. Birthplace <b>UKRAINE</b>		8a. Place of Death <b>INPATIENT</b>			
8b. Facility Name <b>TRISTAR SKYLINE MEDICAL CENTER</b>			8c. City or Town <b>NASHVILLE</b>		8d. County of Death <b>DAVIDSON</b>
9. Marital Status <b>MARRIED</b>		10. Surviving Spouse (name prior to first marriage) <b>LARISA EFIMOVA</b>		11a. Decedent's Usual Occupation <b>ENTREPRENEUR</b>	
11b. Kind of Business/Industry <b>FOOD PRODUCTION</b>		12. Social Security Number <b>[REDACTED]</b>		13a. Residence State or Foreign Country <b>ILLINOIS</b>	
13b. County <b>COOK</b>		13c. Inside City Limits? <b>YES</b>		13f. Zip Code <b>60016</b>	
13d. Street and Number <b>2448 SEMINARY AVE</b>		14. Was Decedent ever in US Armed Forces? <b>NO</b>		17. Decedent's Race <b>WHITE</b>	
15. Decedent's Education <b>BACHELOR'S DEGREE</b>		16. Decedent of Hispanic Origin? <b>NO; NOT SPANISH/HISPANIC/LATINO</b>		18. Father's Name <b>ANATOLY MIKHAYLOV</b>	
19. Mother's Name Prior to First Marriage <b>RAISA GERSON</b>		20a. Informant's Name <b>YEVGENY MIKHAYLOV</b>		20b. Relationship to Decedent <b>SON</b>	
20c. Mailing Address <b>947 CAHAL AVE, NASHVILLE, TN 37206</b>		21a. Method of Disposition <b>BURIAL REMOVAL FROM STATE</b>		21b. Place of Disposition <b>MEMORIAL PARK CEMETERY</b>	
21c. Location <b>SKOKIE, IL</b>		22a. Signature of Funeral Director <b>/s/ ROBERT E RUQUA</b>		22b. License Number <b>927</b>	
22c. Signature of Embalmer		23a. Name and Address of Funeral Home <b>FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072</b>		23b. License Number	
24. Registrar's Signature <b>/s/ EDWARD G BISHOP III</b>		25. Date Filed <b>07/25/2023</b>		26. Certifier <b>/s/ BRIANNE FLYNN</b>	
26a. <input type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.		26b. <input checked="" type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.		27a. Name and Address <b>BRIANNE FLYNN 850 R S GASS BLVD, NASHVILLE, TN 37216</b>	
27b. License Number <b>65486</b>		27c. Date Signed <b>07/24/2023</b>		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. ENTER ONLY ONE CAUSE ON A LINE.	
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.		a. <b>CHOKING</b>		29a. Was an Autopsy Performed? <b>NO</b>	
b.		c.		29b. Were Autopsy Findings Available to Complete the Cause of Death?	
c.		d.		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.	
30. Manner of Death <b>ACCIDENT</b>		31. Did Tobacco Use Contribute to Death? <b>NO</b>		32. If Female: <b>N/A</b>	
33. If Transportation Injury, Specify		34a. Date of Injury <b>07/04/2023</b>		34b. Time of Injury <b>18:47</b>	
34c. Injury at Work? <b>NO</b>		34d. Place of Injury <b>RESIDENCE</b>		34e. Location of Injury <b>947 CAHAL AVE, NASHVILLE, TN</b>	
34e. Describe How Injury Occurred <b>CHOKED ON MEAT</b>					

PH-1659E

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

15076600

*Edward G. Bishop III*  
Edward G. Bishop III  
State Registrar

*Ralph Alvarado MD, FACF*  
Ralph Alvarado MD, FACF  
Commissioner

Date Issued: Jul-26-2023

CERTIFICATION OF VITAL RECORD

