

# UNOFFICIAL COPY

<b>DOCUMENT PREPARED BY:</b>
Michael J. Cornfield
6153 N. Milwaukee Avenue
Chicago, IL 60646
<b>MAIL SUBSEQUENT TAX BILLS TO:</b>
Ms. Mary Haynes
5320 W. Waveland Avenue
Chicago, IL 60641



Doc# 2400313152 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/03/2024 11:18 AM PG: 1 OF 3

**CCRD 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, ROBERT P. HAYNES died on May 30, 2023

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

1 3 - 2 1 - 1 2 2 - 0 3 0 - 0 0 0 0

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

THE WEST THIRTY-ONE (31) FEET OF LOT NINETEEN (19) (EXCEPT THE REAR EIGHT (8) FEET THEREOF DEDICATED FOR ALLEY) IN KOESTER AND ZANDER'S GRACE STREET ADDITION TO WEST IRVING PARK, BEING A SUBDIVISION OF THE SOUTH HALF OF THE WEST HALF OF THE EAST HALF OF THE NORTH WEST QUARTER OF SECTION TWENTY-ONE (21), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13) EAST OF THE THIRD PRINCIPAL MERIDIAN, SITUATED IN THE CITY OF CHICAGO, IN THE COUNTY OF COOK, IN THE STATE OF ILLINOIS.

And Common Address Of:

5320 W. Waveland Avenue, Chicago, IL 60641

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 08/25/2022 as Document Number: 2223704117 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:
JOANNE HAYNES	406 W. California Avenue, Urbana, IL 61801	100%

This FORM is  
Compliments of:



**EDWARD M. MOODY**  
COOK COUNTY RECORDER OF DEEDS

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of 2



# UNOFFICIAL COPY

## COOK COUNTY RECORDER OF DEEDS 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 20 (day) of December (month), 2023 (year).

### Beneficiary Name & Signature Section:

<u>JOANNE HAYNES</u> Print Beneficiary Name Above	_____ Print Beneficiary Name Above
<u>Joanne Haynes</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 Champaign } SS

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

JOANNE HAYNES

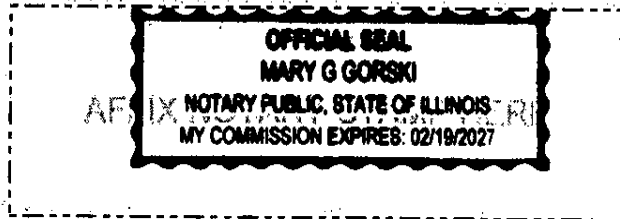
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 20 (day) of December (month), 2023 (year).

Mary G. Gorski  
Signature of Notary Above

Mary G. Gorski  
Print Name of Notary Above



This FORM is Compliments of:



**EDWARD M. MOODY**  
COOK COUNTY RECORDER OF DEEDS

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT CHAMPAIGN, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0045659

MEDICAL EXAMINER'S CASE NUMBER 2023-0928

DATE ISSUED 6/9/2023

DECEDENT'S LEGAL NAME ROBERT PAUL HAYNES			SEX MALE	DATE OF DEATH MAY 31, 2023	
COUNTY OF DEATH CHAMPAIGN		AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH NOVEMBER 25, 1948		
CITY OR TOWN URBANA			HOSPITAL OR OTHER INSTITUTION NAME CARLE FOUNDATION HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER -2838	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOANNE MINNIS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 406 WEST CALIFORNIA		APT. NO.	CITY OR TOWN URBANA		INSIDE CITY LIMITS? YES
COUNTY CHAMPAIGN	STATE IL	ZIP CODE 61801	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT HAYNES		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AMELIA JANDY
INFORMANT'S NAME JOANNE HAYNES		RELATIONSHIP WIFE	MAILING ADDRESS 406 WEST CALIFORNIA, URBANA, IL, 61801		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MIDSTATE CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE DECATUR, IL	DATE OF DISPOSITION JUNE 05, 2023	
FUNERAL HOME EVERGREEN CREMATION SERVICES, 702 BLOOMINGTON ROAD SUITE 2, CHAMPAIGN, IL, 61820					
FUNERAL DIRECTOR'S NAME VINCENT L SIMS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012280		
LOCAL REGISTRAR'S NAME JULIE PRYDE			DATE FILED WITH LOCAL REGISTRAR JUNE 5, 2023		
CAUSE OF DEATH PART I. ACUTE CHRONIC RESPIRATORY FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		b. _____ Due to (or as a consequence of):	
		c. _____ Due to (or as a consequence of):		d. _____ 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.				WAS AN AUTOPSY PERFORMED? UNKNOWN	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN	
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 MAY 31, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:11 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 02, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MATHEW KALAPURAYIL, 611 WEST PARK STREET, URBANA, ILLINOIS 61801				PHYSICIAN'S LICENSE NUMBER 036158124	

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.

*Julie Pryde*  
JULIE A. PRYDE

Champaign County Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY IT IS TRUE WATERMARK