

DOCUMENT PREPARED BY:

Y'Shanda Rivera

1622 W. Warren Blvd

Chicago, IL 60612

MAIL SUBSEQUENT TAX BILLS TO:

Y'Shanda Rivera

2424 W. Harrison Unit E

Chicago, IL 60612



Doc# 2400822002 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/08/2024 10:41 AM PG: 1 OF 4

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, Dorothy Young died on 12-3-2023

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

16 - 13 - 234 - 054 - 0000

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

Four horizontal lines for legal description.

And Common Address Of:

2424 W. Harrison St. Unit E Chgo, IL 60612

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

11-22-2023 as Document Number: 2332622001 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:
Y'Shanda Rivera	1622 W. Warren Blvd Chgo, IL 60612	100%

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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 3rd (day) of January (month), 2024 (year).

Beneficiary Name & Signature Section:

<u>Y'shanda Rivera</u> Print Beneficiary Name Above	_____ Print Beneficiary Name Above
<u>Y'shanda Rivera</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

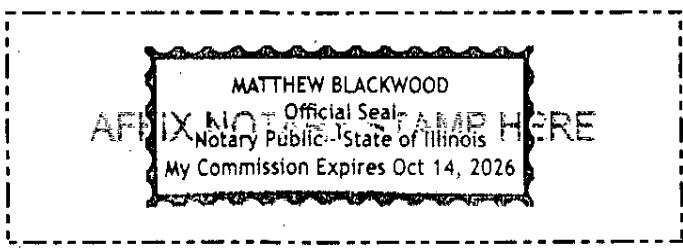
I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

Y'shanda Rivera
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 3rd (day) of January (month), 2024 (year).

Matthew Blackwood
Signature of Notary Above
Matthew Blackwood
Print Name of Notary Above



This form is compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

UNOFFICIAL COPY

THAT PART OF SUB-LOTS 6 TO 9, BOTH INCLUSIVE, IN PETER ODLIN'S SUBDIVISION OF THE SOUTH HALF OF LOTS 19 AND 22 IN BLOCK 5 IN ROCKWELL'S ADDITION TO CHICAGO, IN THE NORTHEAST QUARTER OF SECTION 13, TOWNSHIP 39 NORTH, RANGE 13 EAST, OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ALL TAKEN AS A TRACT DESCRIBED AS FOLLOWS:

THE EAST 20 FEET OF THE WEST 70 FEET OF SAID TRACT, LYING SOUTH OF A LINE DRAWN AT RIGHT ANGLES TO THE WEST LINE THEREOF WHICH PASSES THROUGH A POINT ON SAID WEST LINE THAT IS 57.0 FEET NORTH OF THE SOUTHWEST CORNER OF SAID TRACT.

Recorded for Number 16-13-234-039
 Property Address: 2424 WEST HARRISON UNIT 1 CHICAGO, IL 60612

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0099604


DATE ISSUED 12/29/2023

DECEDENT'S LEGAL NAME DOROTHY JEAN YOUNG		SEX FEMALE	DATE OF DEATH DECEMBER 03, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH FEBRUARY 24, 1947		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 1622 WEST WARREN BLVD UNIT 1		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE YAZOO CITY, MS	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1622 WEST WARREN BLVD	APT. NO. UNIT 1	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60612	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERMAN GREEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNIE WATERS
INFORMANT'S NAME Y'SHANDA RIVERA		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1622 WEST WARREN BLVD, CHICAGO, IL, 60612	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CONCORDIA CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION DECEMBER 07, 2023	
FUNERAL HOME SMITH & THOMAS FUNERAL HOME, 5708 W. MADISON, CHICAGO, IL, 60644				
FUNERAL DIRECTOR'S NAME DARNESHA COLVIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016239	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 6, 2023	
CAUSE OF DEATH PART I: COLON CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	MONTHS	
		b.	Due to (or as a consequence of)	
		c.	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 FAILURE TO THRIVE, PROTEIN CALORIE MALNUTRITION			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 DECEMBER 02, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 04, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR CHARLES E DRUECK, 600 WEST CERAK ROAD, SUITE 3D, CHICAGO, ILLINOIS, 60616				PHYSICIAN'S LICENSE NUMBER 036045746

2631340



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM