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2402615014

DOCUMENT PREPARED BY:

Gwaine Dianne Williams
3310 Quarter Horse Lane
Comyers, GA 30013

Doc# 2402615014 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/26/2024 11:00 AM PG: 1 OF 4

MAIL SUBSEQUENT TAX BILLS TO:

Gwaine Dianne Williams
3310 Quarter Horse Lane
Comyers, GA 30013

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, Donald L. Williams JR died on April 29, 2020 as a resident of Maywood, Cook County, Illinois, as owner of the Property Identification Number:

15 - 15 - 215 - 031 - 0000

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

1936 So. 17th Ave, Maywood IL 60153

See Attached Legal description of Parcel and Parcel 2

And Common Address Of:

1936 So. 17th Ave Maywood, IL 60153

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 04/26/2017 as Document Number: 1711634096 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: |
|------------------------|-----------------------------------|--------|
| Gwaine Dianne Williams | 1936 So. 17th Ave - Maywood 60153 | 100% |
| | | |
| | | |
| | | |
| | | |
| | | |

This form is compliments of:

KAREN A. YARBROUGH

COOK COUNTY CLERK

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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 26th (day) of JANUARY (month), 2024 (year).

Beneficiary Name & Signature Section:

Gwaine Dianne Williams
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

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

Gwaine Dianne Williams

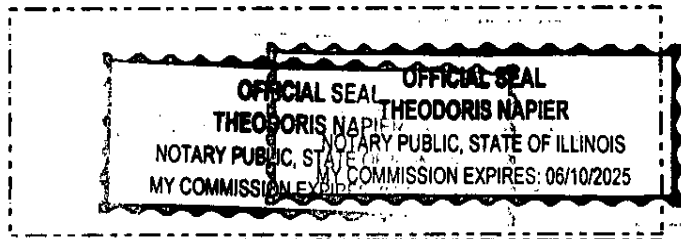
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 26th (day) of JANUARY (month), 2024 (year).

Theodoris Napier
Signature of Notary Above

Theodoris Napier
Print Name of Notary Above



This form is
compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

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PARCEL 1: LOT 10 (EXCEPT THE NORTH 53 FEET THEREOF) IN BROADVIEW ESTATE ADDITION TO MAYWOOD IN THE WEST 1/2 OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL 2: LOT 1 IN CUMMINGS AND FOREMAN'S REAL ESTATE CORPORATION ROOSEVELT ROAD AND 17TH AVENUE, A SUBDIVISION OF LOTS 1, 2, 3, 4, 5, 7 AND 8 IN OWNERS PARTITION OF THE SOUTH 83.2 ACRES OF THE WEST 1/2 OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0041717

DATE ISSUED 5/13/2020

| | | | | |
|---|--|--|---|---|
| DECEDENT'S LEGAL NAME DONALD LEROY WILLIAMS JR | | SEX MALE | DATE OF DEATH APRIL 29, 2020 | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 68 YEARS | DATE OF BIRTH DECEMBER 23, 1951 | | |
| CITY OR TOWN MAYWOOD | | HOSPITAL OR OTHER INSTITUTION NAME 1936 SOUTH 17TH AVENUE | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | |
| BIRTHPLACE NEW KENSINGTON, PA | SOCIAL SECURITY NUMBER [REDACTED] | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GWAINE WHITE | EVER IN U.S. ARMED FORCES? YES |
| RESIDENCE 1936 SOUTH 17TH AVENUE | | APT. NO. | CITY OR TOWN MAYWOOD | INSIDE CITY LIMITS? YES |
| COUNTY COOK | STATE IL | ZIP CODE 60153 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DONALD WILLIAMS SR | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MERCEDES A MOORE |
| INFORMANT'S NAME GWAINE WILLIAMS | | RELATIONSHIP WIFE | MAILING ADDRESS 1936 SOUTH 17TH AVENUE, MAYWOOD, IL, 60153 | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION OAK RIDGE CEMETERY | LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL | DATE OF DISPOSITION MAY 08, 2020 | |
| FUNERAL HOME WALLACE BROADVIEW FUNERAL HOME, 2320 ROOSEVELT ROAD, BROADVIEW, IL, 60155 | | | | |
| FUNERAL DIRECTOR'S NAME RORY JAMES MOMON | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016169 | |
| LOCAL REGISTRAR'S NAME KAREN A YARBROUGH | | | DATE FILED WITH LOCAL REGISTRAR MAY 7, 2020 | |
| CAUSE OF DEATH - PART I: CARDIORESPIRATORY ARREST | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death): | | | | |
| a. _____ Due to (or as a consequence of): | | | | |
| b. METASTATIC PROSTATE CANCER | | | | |
| c. _____ Due to (or as a consequence of): | | | | |
| 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? 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? NO | DATE LAST SEEN ALIVE UNKNOWN | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 03:51 AM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED MAY 07, 2020 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANTHONY PIPONE, 800 ENTERPRISE DR STE 111, OAK BROOK, ILLINOIS, 60523 | | | PHYSICIAN'S LICENSE NUMBER 036105141 | |

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THIS WORD VOID APPEARS WHEN PHOTOCOPIED

NOT FOR BOSS/DSTATE/AND/CO/INVS/EA/SA/BO/IO/IL



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



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