



\*2403757008\*

Doc# 2403757008 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/06/2024 01:01 PM PG: 1 OF 3

DOCUMENT PREPARED BY:

Monica Thomas

9757 S Bell Ave

Chicago IL 60643

MAIL SUBSEQUENT TAX BILLS TO:

Monica Thomas

9757 S Bell Ave

Chicago IL 60643

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, Alice Davis died on 06/21/2023

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

20 - 34 - 210 - 023 - 0000

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

Lot 6 in Block 11 in Chatham Fields, a subdivision of the North East 1/4 Section 34, Township 38 North Range 14, East of the third Principal Meridian in Cook County, Illinois

And Common Address Of:

8018 South Rhodes Chicago IL 60619

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

11/03/2017 as Document Number: 1730713012 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:
Monica Thomas	9757 South Bell Ave Chicago IL 60643	100%

This form is compliments of:

KAREN A. YARBROUGH

COOK COUNTY CLERK

# UNOFFICIAL COPY

## 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 \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

### Beneficiary Name & Signature Section:

Monica Thomas  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

Monica Thomas  
Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Beneficiary Signature Above

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Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

### Notary Public Section:

STATE OF ILLINOIS

} SS

COUNTY OF COOK

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

MONICA D THOMAS

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 FEBRUARY (month), 2024 (year).

[Signature]

Signature of Notary Above

CHRISTOPHER WUDARSKI

Print Name of Notary Above



This form is  
compliments of:

**KAREN A. YARBROUGH**  
COOK COUNTY RECORDER OF DEEDS

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0052186


DATE ISSUED 6/27/2023

DECEDENT'S LEGAL NAME ALICE MARIE DAVIS		SEX FEMALE	DATE OF DEATH JUNE 21, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH DECEMBER 19, 1936		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8018 S RHODES AVE	APT. NO. 1ST FL	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LOUIS STEVENSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALICE WILSON
INFORMANT'S NAME MONICA THOMAS	RELATIONSHIP DAUGHTER	MAILING ADDRESS 9757 S BELL AVE CHICAGO, IL 60643		
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION OAK WOODS CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 30, 2023	
FUNERAL HOME UNITY FUNERAL PARLORS INC, 4114 S. MICHIGAN AVENUE, CHICAGO, IL 60653				
FUNERAL DIRECTOR'S NAME NORMAN J WILLIAMS		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011559		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR JUNE 27, 2023		
<b>CAUSE OF DEATH</b> PART I. ACUTE HYPOXEMIC RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.	ASPIRATION PNEUMONIA	
		c.	CARDIOGENIC SHOCK	
.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.			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 09:07 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 21, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MELISSA BREGGER, 251 E HURON STREET, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036142465	

2622392



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