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KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
DATE: 3/11/2024 1:34 PM
PAGE: 1 OF 8

DOCUMENT PREPARED BY:

JANICE Dixon Black
7726 S. COLFAX AVE.
CHICAGO IL. 60649
MAIL SUBSEQUENT TAX BILLS TO:
MY CU MORTGAGE
P.O BOX 341262
Beaver Creek OH 45434-1262

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, Louise Dixon died on 2-10-24 as a resident of 7726 S. COLFAX AVE. CHICAGO ^{Cook} County, Illinois, as owner of the Property Identification Number:

2130 - [] [] - 321 - 020 - 0000

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

See attached.

And Common Address Of:

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 6-21-2022 as Document Number: 2217247066 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:
JANICE Dixon Black	7726 S. COLFAX AVE. CHICAGO IL.	1/3
VICKIE Dixon	7726 S. COLFAX AVE. CHICAGO IL.	1/3
Renee Muhamad	4820 Blue Rock COURT Douglasville Georgia	1/3

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 27th (day) of February (month), 2024 (year).

Beneficiary Name & Signature Section:

Vickie Dixon
Print Beneficiary Name Above

Vickie Dixon
Beneficiary Signature Above

JANICE DIXON BLACK
Print Beneficiary Name Above

Janice Dixon Black
Beneficiary Signature Above

Renee Muhammad
Print Beneficiary Name Above

Renee Mohammed
Beneficiary Signature Above

Print Beneficiary Name Above

Beneficiary Signature Above

Print Beneficiary Name Above

Beneficiary Signature Above

Print Beneficiary Name 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

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 27th (day) of February (month), 2024 (year).

Carmen M Moorer
Signature of Notary Above

Carmen M Moorer
Print Name of Notary Above



This form is
compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

UNOFFICIAL COPY

HONORABLE SIDNEY R. OLSEN

Application No. 14594

Registrar of Titles,

Cook County, Illinois.

Document No. 2459925

Dear Sir:

We have been asked to pass upon the validity of a certain Trustee's Deed of conveyance from Exchange National Bank of Chicago, as Trustee, Trust No. 2877

to James N. Dixon, et ux,

dated June 26, 1969 and filed in the office of the Registrar of Titles

in and for Cook County, Illinois, on July 3, 1969 which deed of conveyance

affects a lot (ex. N. 25 ft. thereof) and N. 26 1/2 ft. of Lot 9, in Blk. 9 in South Shore Park, a Subd. of the W 1/2 of the SE 1/4 of Sec. 30-38-15, E. of the 3rd Bl.

being part of the property described in Certificate of Title No. 608172

issued by you as Registrar of Titles

on Oct. 31, 1923

Pursuant to such request, we have made an examination and inquiry into the terms of the title through which said Trustee holds title and have come to the conclusion that such conveyance above referred to is in accordance with the trust conditions and we advise you as such Registrar of Titles, to transfer the title to the premises heretofore described:

to same as above

SUBJECT TO ALL CONFIRMED TAXES AND SPECIAL ASSESSMENTS, CHARGES, LIENS AND RESTRICTIONS THAT SHOULD PROPERLY BE BROUGHT FORWARD.

Examination is made by us to the power of Trustee only.

Amelia J. Kelly
James N. Dixon
 Examiner of Titles

Dated 9-29-69 GCK

9-28-69

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 18-10		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) James Ward Dixon		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) March 9, 2009		
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 78	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) March 24, 1930	
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) South Shore Hospital			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Greensboro, AL.	9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) <input checked="" type="checkbox"/> EVER IN U.S. ARMED FORCES? Mabel Jones <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a. RESIDENCE (Street and Number) 7726 So. Colfax		13b. APT. NO.	13c. CITY OR TOWN CHICAGO	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY COOK	13f. STATE ILL.	13g. ZIP CODE 60649	14. FATHER'S NAME (First, Middle, Last) Willie Dixon		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mabel Jones
16a. INFORMANT'S NAME Louise Dixon		16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 7726 So. Colfax, Chicago, Illinois 60649	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) MT. HOPE CEMETERY		19. LOCATION - CITY, TOWN AND STATE CHICAGO, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) March 13, 2009
21a. FUNERAL HOME NAME SLAUGHTER & SON FUNERAL DIRECTORS, INC., 2024 E. 75th Street, CHICAGO, ILLINOIS 60649		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Benita F. Slaughter</i>			
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012203		22. LOCAL REGISTRAR'S SIGNATURE <i>Benita F. Slaughter</i>			
22. LOCAL REGISTRAR'S SIGNATURE <i>Benita F. Slaughter</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 03 11 09			
CAUSE OF DEATH (See Instructions and examples) 24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic Shock Due to (or as a consequence of): _____					
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 b. Urinary Tract Infection Due to (or as a consequence of): _____					
c. Dehydration 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. Chronic Atrial Fibrillation; Depression					
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number		Apartment Number	City or Town	State	ZIP Code
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____		
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 3-8-09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 3-9-09	40. TIME OF DEATH 7:32 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Madhu Shree Gundavaram 7906 South Crandon Chicago, Illinois 60617				43. PHYSICIAN'S LICENSE NUMBER 036-112955	
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 3-10-09		46. SIGNATURE OF CERTIFIER <i>Madhu Shree Gundavaram</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

Madhu Shree Gundavaram MD

TERRY WASSON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO HAS REVIEWED
THE RECORDS OF BIRTH, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE ORDINANCE OF
OF ILLINOIS AND THE ORDINANCE OF
THE CITY OF CHICAGO; THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN OBDUANCE OF SAID
LAWS AND ORDINANCE.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
03-11-09

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2023 0005326

DATE ISSUED 1/24/2023

DECEDENT'S LEGAL NAME BARBARA ANN MOORER			SEX FEMALE	DATE OF DEATH JANUARY 16, 2023	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH DECEMBER 11, 1947		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARDEN NAME LEWIS EDWARD MOORER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 709 MAPLE ST		APT. NO.	CITY OR TOWN ALBION		INSIDE CITY LIMITS? NO
COUNTY CALHOUN	STATE MI	ZIP CODE 49224	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEROY WRIGHT		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LOUISE DOBBINS
INFORMANT'S NAME LEWIS E MOORER		RELATIONSHIP HUSBAND	MAILING ADDRESS 709 MAPLE ST, ALBION, MI, 49224		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION JANUARY 23, 2023	
FUNERAL HOME CRÉMATION SOCIETY OF ILLINOIS - HYDE PARK, 1344 EAST 55TH STREET, CHICAGO, IL, 60615					
FUNERAL DIRECTOR'S NAME DIANE MOSELEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009343		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 23, 2023		
CAUSE OF DEATH PART I. ACUTE RENAL FAILURE SEPSIS DUE TO SPONTANEOUS BACTERIAL PERITONITIS IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. LIVER DYSFUNCTION FROM METASTATIC DISEASE INVOLVEMENT 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. METASTATIC MALIGNANCY OF UNKNOWN PRIMARY, ACUTE TOXIC METABOLIC ENCEPHALOPATHY				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 JANUARY 16, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:42 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 16, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FLORENCE SHIN, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637				PHYSICIAN'S LICENSE NUMBER 036-1587-2454894	

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

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

STATE FILE NUMBER 2024 0013042

DATE ISSUED 3/6/2024

DECEDENT'S LEGAL NAME LOUISE DIXON		SEX FEMALE	DATE OF DEATH FEBRUARY 10, 2024	
COUNTY OF DEATH COOK		DATE OF BIRTH SEPTEMBER 27, 1926		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 7726 S COLFAX AVE UNIT 1		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 337-54-9754	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7726 S COLFAX AVE	APT. NO. UNIT 1	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60649	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION COLBY DOBBINS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGIA COOLEY
INFORMANT'S NAME JANICE DIXON-BLACK		RELATIONSHIP DAUGHTER	MAILING ADDRESS 7726 S COLFAX AVE UNIT 1, CHICAGO, IL, 60649	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TINSONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION MARCH 01, 2024	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628				
FUNERAL DIRECTOR'S NAME SHIRLEY GATLING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015261	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 15, 2024	
CAUSE OF DEATH PART I. HYPERTENSIVE HEART AND CHF ON CHRONIC KIDNEY DISEASE WITH HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN UNKNOWN
		b.		
		c.		
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 01:58 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 13, 2024	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148			PHYSICIAN'S LICENSE NUMBER 036089483	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE-EMBOSSSED STATE AND COUNTY SEALS AT BOTTOM

2723182



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
Karen A. Yarbrough
Cook County Clerk



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