

DOCUMENT PREPARED BY:

Tess Jones

4604 Blarney Dr.

Matteson, IL. 60443

MAIL SUBSEQUENT TAX BILLS TO:

Irene Royster

1642 W. Vine, Apt 601

Chicago IL. 60614



2410709026

Doc# 2410709026 Fee \$88.00

ILRHSP FEE:\$18.00 RPRF FEE:\$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

DATE: 4/16/2024 3:29 PM

PAGE: 1 OF 5

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, Olivia Royster died on 2/28/24

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

14 - 33 - 304 - 062 - 1023

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

See Attachment, Exhibit A

And Common Address Of:

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

02/27/24 as Document Number: 2405822003 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:
	SEE Attachment	

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 6th (day) of April (month), 2024 (year).

Beneficiary Name & Signature Section:

JACQUELINE ROYSTER
Print Beneficiary Name Above

Irene Royster
Print Beneficiary Name Above

Jacqueline Royster
Beneficiary Signature Above

Irene Royster
Beneficiary Signature Above

Teronda Jones Williams
Teronda Jones Williams
Print Beneficiary Name Above

Tess Jones
Tess Jones
Print Beneficiary Name Above

Tommie Jones
Tommie Jones
Beneficiary Signature Above

Tracy Jones
Tracy Jones
Beneficiary Signature Above

Travis Jones
Print Beneficiary Name Above

Michael Royster
Print Beneficiary Name Above

Travis Jones
Beneficiary Signature Above

Michael Royster
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

Tracy Jones, Jacqueline Royster, Irene Royster, Travis Jones, Tommie Jones, Tess Jones, Teronda Jones Williams, Michael Royster
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 6th (day) of April (month), 2024 (year).

Brandi N. Pratt
Signature of Notary Above

Brandi N. Pratt
Print Name of Notary Above



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EXHIBIT A

UNIT 1757 IN WEST PARK PLACE CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

PART OF THE NORTH HALF AND THE NORTH HALF OF THE SOUTHEAST QUARTER AND THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT B TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, ON MAY 13, 1999 AS DOCUMENT NO. 99466009, TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION AS AMENDED FROM TIME TO TIME, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 14-33-304-062-1033

Address of Real Estate: 1757 North Larrabee, Chicago, Illinois 60614

Clerk's Office of Cook County

UNOFFICIAL COPY

Beneficiary/ Beneficiaries as the successive owner(s) of the property referenced on page1.

<u>Name</u>	<u>Address</u>	<u>Share</u>
Tess Jones	4604 Blarney Dr. Matteson, IL 60443	12.5%
Terenda Jones-Williams	1524 W. Pratt, Unit F. Chicago, Il. 60626	12.5%
Tommie Jones	15207 Sunset Dr. Dolton, IL. 60419	12.5%
Tracy Jones	1757 N. Larrabee St., Chicago, IL 60614	12.5%
Irene Royster	1642 W. Vine, Apt, G01, Chicago, Il. 60614	12.5%
Michael Royster	16022 Vine, Harvey, IL. 60426	12.5%
Travis Jones	1757 N. Larrabee St., Chicago, IL. 60614	12.5%
Jacqueline Royster	1923 N. Larrabee St. Unit A, Chicago, IL 60614	12.5%

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 2024 0018404

DATE ISSUED 3/5/2024

DECEDENT'S LEGAL NAME OLIVIA ROYSTER JONES		SEX FEMALE	DATE OF DEATH FEBRUARY 28, 2024
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH DECEMBER 15, 1938	
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 1757 N LARRABEE		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE BELEN, MS	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 1757 N LARRABEE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60614	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLEATUS ROYSTER
INFORMANT'S NAME IRENE ROYSTER		RELATIONSHIP DAUGHTER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BERTHA PHIPPS
METHODOF DISPOSITION BURIAL		PLACE OF DISPOSITION ROSEHILL CEMETERY	MAILING ADDRESS 1642 N VINE APT G01, CHICAGO, IL, 60614
FUNERAL HOME D.L. PERKINS & SONS LLC, 1414 LAKE ST, MELROSE PARK, IL, 60160		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 09, 2024
FUNERAL DIRECTOR'S NAME SANTINA ELISE ALEXANDRA SPENCER		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016894	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR MARCH 5, 2024	
CAUSE OF DEATH PART I. PANCREATIC CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE HEART FAILURE		WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
MANNER OF DEATH NATURAL		INJURY AT WORK?	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	
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 05:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 28, 2024
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH COSTELLO, HEATHER, 1550 BISHOP COURT, MT PROSPECT, ILLINOIS, 60056			PHYSICIAN'S LICENSE NUMBER 036-102460

2760379



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM