DOCUMENT PREPAR	<b>ELINOFFIC</b>	IAL COPY	T denth gage and the ma	
ATTY. BENJAMIN E. STAR		*2414911693*		
11528 S. HALSTED STREE	<u>r                                      </u>	Doc# 2414911003 Fee \$88	. 00 a	
CHICAGO, IL 60628	(DILIC TO	COOK COUNTY CLERK'S OFFICE		
MAIL SUBSEQUENT TAX	BILLS TO:	DATE: 5/28/2024 10:24 AM		
MS. RITA D. PITTS		PAGE: 1 OF 3	·	
15417 BETTY ANN LANE				
OAK FOREST, IL 60452				
	FIDAVIT & ACCEPTANCE OF	TRANSFER ON DEATH INST	RUMENT (TODI) DEED	
having been duly sworn a	and under oath, do state the fortunated hereto as Exhibit "A")	th affidavit, the undersigned lollowing: That, MARY LEE SN as a resident of Cook County	IITH died on <u>03/25/2024</u>	
2 0 - 3	1 - 3 0 7	0 1 7 - 0		
With t	the Legal Description Of (atta	ich exhibit if more room is ne	eded):	
IOT 24 IN BLOCK 2 IN	N H O STONE AND CAME	ANY'S ROBEY STREET SUBD	IVISION OF THAT DART	
		ISHIP 38 NORTH, RANGE 14		
PRINCIPAL MERIDIAN,	LYING EASTERLY OF RIGHT	OF WAY OF PITTSBURGH,	•	
AND 31. LOUIS KAILKO	AD, IN COOK COUNTY, ILLI	INUIS/ DX		
	And Commo	n Address Of:		
8333 S. HOYNE AVENUE, CHICAGO, IL 30620				
Instrument (TODI) on	04/10/2023 as Docume as the successive owner(s)	o is now deceased) recordernt Number: 2310055117 of the property referenced	naming the following	
NAME:	ADD	RESS:	SHAR	
RITA D. PITTS	15417 BETTY ANN LAN	IE, OAK FOREST, IL 60452	100%	
			<del>                                     </del>	
<u> </u>		<u>-</u>		
G				
Page 1 of 2				

## COOK COUNTY RECORDER DE DEI DE NOTICE DE DEATH ASSIDAVET & TRANSFER ON DEATH INSTRUMENT

(TODI) DEED PAGE 2 OF 2 (COURTESY COPY)

In witness whereof, the undersigned beneficiar the Transfer on Death Instrument, this <u>24TH</u>	ies hereby accept the transfer of residential real estate under (day) of MAY (month), 2024 (year).
	Name & Signature Section:
RITA D. PITTS	
Print Beneficiary Name Above	Print Beneficiary Name Above
Ria D. Putt	
Beneficiary Signature Above	Beneficiary Signature Above
Print Beneficiary Name Above	Print Beneficiary Name Above
The state of the s	
Beneficiary Signature Above	Beneficiary Signature Above
C	
Print Beneficiary Name Above	Print Beneficiary Name Above
Time Beneficially Name Above	T C
Beneficiary Signature Above	Beneficiary Signature Above
	ary Public Section:
STATE OF ILLINOIS ) ) SS	9
COUNTY OF COOK )	C) <sub>2</sub>
I, the undersigned, a Notary Public in and for th	ne State aforesaid, DO HEREBY CERTIFY THAT
RITA D. PITTS	4
List the Name(s) of ALL Beneficiary	(ies) who appeared personally before you ABOVE
nersonally known to me to be the same pers	ons whose name or names are subscriped to the foregoing
· ·	rson and swore on oath to the above foregoing affidavit.
Signed and sworn to before me this 24TH	(day) of <u>MAY</u> (month), <u>2024</u> (year).
Jauxa Wilust	
Signature of Notary Above	£
' ()	OFFICIAL SEAL TANYA WILMOT
·	NOTARY PUBLIC - STATE OF ILLINOIS
TANYA WILMOT .	MY COMMISSION EXPIRES:11/18/24
Print Name of Notary Above	
	Page 2 of 2

## CHICAGO, ILLINOIS

STATE FILE NUMBER 2024 0027734 DATE ISSUED  DECEDENT'S LEGAL NAME  MARCH 25, 2024  MARCH 25, 2024	
Develor S CEGAL NAME	4/8/2024
MARY LEE SMITH FEMALE MARCH 25, 2024	
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH COOK 90 YEARS JANUARY 10, 1934	
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME.  CHICAGO 8333 S HOYNE AVE	
PLACE OF DEATH DECEDENT'S HOME	
BIRTHPLACE : TER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U FORCES?	.s. armed NO
RESIDENCE APT. NO. CITY OR TOWN JINSIDE CITY.  8333 S HOYNE AVE CHICAGO YES	
COUNTY STATE ZIP CODE FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE REDA GREER.	SCIVIL UNION

BURIAL

**RITA D PITTS** 

METHOD OF DISPOSITION:

GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER FUNERAL DIRECTOR'S NAME 034014380 MARGUERITE GATLING DATE FILED WITH LOCAL REGISTRAR LOCAL REGISTRAR'S NAME APRIL 4, 2024 KAREN A YARBROUGH

CANCER OF THE LUNG **CAUSE OF DEATH** IMMEDIATE CAUSE

DAUGHTER

LACE OF DISPOSITION

RESTVALE CEMETERY

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PAF / I. WAS AN AUTOPSY PERFORMED? NO.

15417 BETTY ANN LANE, OAK FOREST, IL, 60452

LOCATION - CITY OR TOWN AND STATE:

ALSIP, IL

FEMALE PREGNANCY STATUS

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH 2. N/A MANNER OF DEATH

**NOT APPLICABLE** DATE OF INJURY

TIME OF INJURY

NATURAL

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY:

DATE OF DISPOSITION

APRIL 06, 2024:

INKNOWN UNKNOWN

ATTEND THE DECEASED?

DATE LAST SEEN ALIVE

WAS MEDICAL EXAMINER OR

DATE PRONOUNCED

TIME OF DEATH

CERTIFIER PHYSICIAN

06:35 AM DATE CERTIFIED

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ...

MARCH 26, 2024

KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL,

PHYSICIAN'S LICENSE NUMBER - :

036089483

2884900



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

