

DOCUMENT PREPARED BY

William Granberry  
8518 So. Vernon Ave.  
Chicago IL, 60619



Doc# 2417608035 Fee \$98.00  
ILRHSP FEE:\$18.00 RPRF FEE:\$1.00  
CEDRIC GILES  
COOK COUNTY CLERK'S OFFICE  
DATE: 6/24/2024 1:45 PM  
PAGE: 1 OF 4

MAIL SUBSEQUENT TAX BILLS TO

William Pughsley  
8518 So. Vernon Ave.  
Chicago, IL, 60619

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 20/75, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, William B. Sanders died on May 3, 2024 as a resident of COOK County, Illinois, as owner of the Property Identification Number:

20 - 34 - 406 - 027 - 0000

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And Common Address Of:

8518 So. Vernon Ave, Chicago, IL, 60619

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on Dec. 30, 2022 as Document Number: 2323010035 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
William Granberry	8518 So. Vernon Ave, Chicago, IL	100%

This form is compliments of:

COOK COUNTY CLERK

**UNOFFICIAL COPY**

**EXHIBIT "A"**  
**Property Description**

**Closing Date:** May 21, 2019  
**Borrower(s):** William B. Sanders  
**Property Address:** 8518 South Vernon Avenue, Chicago, IL 60619

**PROPERTY DESCRIPTION:**

LOT 7 OF WAKEFORD'S EIGHTEENTH ADDITION, BEING ALFRED E. BARNES  
SUBDIVISION OF BLOCK 9 OF E.A. WARFIELD'S SUBDIVISION, OF THE WEST HALF  
OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14  
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 20-34-406-077-0000

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 0038875 DATE ISSUED 6/12/2024

DECEDENT'S LEGAL NAME WILLIAM B SANDERS		SEX MALE	DATE OF DEATH MAY 03, 2024	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH APRIL 11, 1947		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE TRINITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL		STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8518 S VERNON AVE		APT. NO.	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 EGAR SANDERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GLADYS JONES
INFORMANT'S NAME GINA COLBERT		RELATIONSHIP DAUGHTER	MAILING ADDRESS 13138 S MACKINAW, CHICAGO, IL, 60633	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION MAY 16, 2024
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME JOHN S MCCALL			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008479	
LOCAL REGISTRAR'S NAME CEDRIC GILES			DATE FILED WITH LOCAL REGISTRAR MAY 13, 2024	
<b>CAUSE OF DEATH</b> PART I. FUNCTIONAL QUADRIPLEGIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
b. FAILURE TO THRIVE		Due to (or as a consequence of):		
c. CHRONIC CEREBRAL VASCULAR ACCIDENT		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?	
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 MAY 02, 2024	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:29 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 08, 2024	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAMELA CRUZ MD, 2320 EAST 93RD ST, CHICAGO, ILLINOIS, 60617				PHYSICIAN'S LICENSE NUMBER 036097636

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

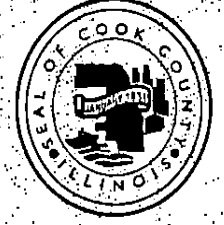
3350059



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.

Cedric Giles

Cedric Giles  
Office of the Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE