

UNOFFICIAL COPY

TRANSFER ON DEATH INSTRUMENT

Statutory (Illinois)
(Individual to Individual)

PREPARED BY & MAILED TO:

Howard Bernstein
Schwartz Wolf & Bernstein LLP
314 N. McHenry Rd.
Buffalo Grove, IL 60089



Doc#: 1312144001 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/01/2013 09:35 AM Pg: 1 of 3

Property of Cook County Clerk's Office

I, CHRISTINE V. HERNANDEZ, a widow, residing at 3140 Brandess Dr., Glenview, IL, being of sound mind and disposing memory, do hereby transfer, upon my death, title to the following described real estate, to STEPHANIE V. HERNANDEZ, my daughter.

LOT 16 IN BLOCK C IN BRANDESS SUBDIVISION UNIT 2 BEING A SUBDIVISION OF PART OF THE EAST 1/4 OF SECTION 21, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 04-21-409-016-0000

Property Address: 3140 Brandess Dr., Glenview, IL 60026

Beneficiaries: Stephanie Hernandez
3838 Braewood Blvd.
Houston, TX 77025

Dated this 17 day of April, 2013

Christine V. Hernandez

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STATE OF ILLINOIS) ss.
)
COUNTY OF LAKE)

We, the undersigned, being CHRISTINE V. HERNANDEZ, the owner, and the witnesses respectively, whose names are signed to the foregoing Transfer on Death Instrument, and being first duly sworn, do hereby declare to the undersigned authority that CHRISTINE V. HERNANDEZ, in the presence of witnesses, signed the Transfer on Death Instrument willingly and that each of the witnesses, in the presence of CHRISTINE V. HERNANDEZ and in the presence of each other, signed the instrument as a witness and that to the best of his or her knowledge CHRISTINE V. HERNANDEZ was at that time of legal age, sound mind and under no constraint or under influence.

Christine V. Hernandez

Witness Signature

Linda Albrecht

Witness Signature

Linda Albrecht

Witness Printed Name

Laura Golden

Witness Signature

Laura Golden

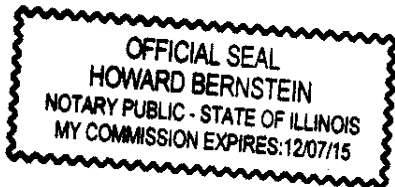
Witness Printed Name

Signed and sworn to before me by CHRISTINE V. HERNANDEZ, the owner, and by each of the above witnesses this 17 day of April, 2013.

Howard Bernstein

Notary Public

Notary Public



CERTIFICATION OF DEATH RECORD

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STATE OF ILLINOIS STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

DISTRICT NO. **220**
 REGISTERED NUMBER **02761**

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Romulo Cantos Hernandez, MD** Male 3 June 6, 2007

COUNTY OF DEATH AGE - LAST BIRTHDAY (YEAR, MONTH, DAY) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. **DuPage** 5a. **59** 5b. **59** 5c. **59** 5d. **59** 5e. **August 5, 1947**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE B.O.A. OFFENSE, INPATIENT (SPECIFY) & Emer. Rm.

6a. **Glandale Heights** 6b. **Glen Oaks Medical Center** 6c. **Emer. Rm.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WARD DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **Philippines** 8a. **Married** 8b. **Christina Villafior** 8c. **No**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPEIFY ONLY HIGHEST GRADE COMPLETED)

10. **XXXXXXXXXX** 11a. **Physician** 11b. **Medical** 12. **5+**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **3140 Brandess Dr.** 13b. **Glenview** 13c. **Yes** 13d. **Cook**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR JAPANESE) OF HISPANIC OR PORTO RICAN? (SPECIFY NO OR YES-IF YES, SPECIFY CLEAR, MEXICAN, PUERTO RICAN, ETC.)

13e. **Illinois** 13f. **60074** 14a. **Filipino** 14b. **X** NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. **Francisco Hernandez** 16. **Rufina Cantos**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. **Christina Hernandez** 17b. **Wife** 17c. **3140 Brandess Dr. Glenview, IL 60076**

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one of each type.

Immediate Cause (Final disease or condition resulting in death) **MYOCARDIAL INFARCTION** MINUTES

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other medical conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES/NO) HERE A CORONER PREVIOUSLY AVAILABLE FROM THE COMPLETION OF CAUSE OF DEATH (YES/NO)

19a. **NO** 19b. **NO**

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDERLYING (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I (1) (2) (3))

20a. **NATURAL** 20b. **20c. M.** 20d. **20e.**

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. P. O. COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20e. **20f.** 20g. **20h. YES NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PROCLAIMED DEAD AT

21a. **21b. JUNE 06, 2007** AT **12:11 P M.**

CORONER'S - MEDICAL EXAMINER'S SIGNATURE DATE (MONTH, DAY, YEAR)

22a. **PETER A. SIEKMANN** 22b. **JUNE 08, 2007**

DEPUTY W. URSIK

CORONER'S PHYSICIAN'S NAME (Type or Print) DATE SIGNED (MONTH, DAY, YEAR)

23a. **23b.**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Memorial Park Cem.** 24c. **Skokie, Illinois** 24d. **6-11-07**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

25a. **Donnellan Family Funeral Services** 10045 Skokie Boulevard Skokie, IL 60077

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **25c. 034-011866**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25d. **25e. JUN 08 2007**

VERBIS (Rev. 5/99) Illinois Department of Public Health - Division of Vital Records

BASED ON 1988 U.S. STANDARD CERTIFICATE

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.

APR 26 2013

Gary A. King
 Gary A. King
 County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK