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GUARANTY  
FUND,  
INC.

Doc#: 1405808125 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/27/2014 01:12 PM Pg: 1 of 4

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## NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT

Prepared by and return to: Andy Coule 131 E. 9<sup>th</sup> St. Lockport, IL 60441  
Send subsequent tax bill to: Blair Lungaro 15125 S. Quail Hollow Dr. #402  
Orland Park, IL 60462

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

That Lois M. Lungaro died on August 17, 2013, a resident of  
COOK County, IL State, owning residential real estate legally described below:

Legal Description (attach exhibit if more room is needed):  
See attached

That the street address of the residential real estate is 15125 S. Quail Hollow Dr. #402,  
Orland Park City, IL State, 60462 Zip and the property identification number  
is 27-14-103-100-1051 & 27-14-103-100-1063  
Property Identification Number (PIN)

That the Transfer on Death Instrument is dated July 23, 2013, and recorded as Document  
No. 1322644007 in the Office of the Recorder for COOK County, Illinois.

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That the undersigned, whose names and addresses appear below, are all beneficiaries entitled to receive under the Transfer on Death Instrument:

Name	Address	Share
Blair Lungaro	16333 135 <sup>th</sup> St, Lemont IL 60439	100%

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 18 of February, 2014.  
Day Month Year

<p><u><i>Blair Lungaro</i></u>  <small>Signature of Beneficiary</small>  <u>Blair Lungaro</u>  <small>Name (Print)</small></p>	<p><u> </u>  <small>Signature of Beneficiary</small>  <u> </u>  <small>Name (Print)</small></p>
<p><u> </u>  <small>Signature of Beneficiary</small>  <u> </u>  <small>Name (Print)</small></p>	<p><u> </u>  <small>Signature of Beneficiary</small>  <u> </u>  <small>Name (Print)</small></p>
<p><u> </u>  <small>Signature of Beneficiary</small>  <u> </u>  <small>Name (Print)</small></p>	<p><u> </u>  <small>Signature of Beneficiary</small>  <u> </u>  <small>Name (Print)</small></p>

STATE OF ILLINOIS  
 COUNTY OF Will } SS

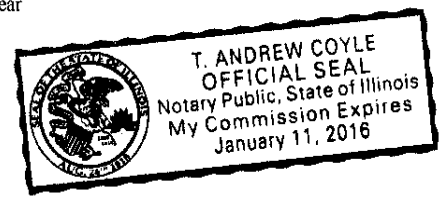
I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT  
Blair Lungaro  
Name(s) of Beneficiary(ies)

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 18 of February, 2014.  
Day Month Year

*T. Andrew Coyle*  
Signature of Notary

My commission expires: 1-11-16



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LEGAL DESCRIPTION: 15125 S. QUAIL HOLLOW DR. #402

UNITS 402 AND G21 TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN IN QUAIL HOLLOW CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 25009145, AS AMENDED FROM TIME TO TIME, IN THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 14, TOWNSHP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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## CERTIFICATION OF DEATH RECORD

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

DATE ISSUED **8/20/2013**

STATE FILE NUMBER **2013 0063226**

DECEDENT'S LEGAL NAME <b>LOIS M LUNGARO</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>AUGUST 17, 2013</b>
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>81 YEARS</b>	DATE OF BIRTH <b>MARCH 05, 1932</b>	
CITY OR TOWN <b>ORLAND PARK</b>	HOSPITAL OR OTHER INSTITUTION NAME <b>15125 QUAIL HOLLOW DRIVE</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>	BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER <b>349-26-7989</b>	STATUS AT TIME OF DEATH <b>WIDOWED</b>
RESIDENCE <b>15125 QUAIL HOLLOW DRIVE</b>		APT NO	CITY OR TOWN <b>ORLAND PARK</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60432</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>PETER LUNGARO</b>
INFORMANT'S NAME <b>BLAIR LUNGARO</b>		RELATIONSHIP <b>BROTHER</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>MARGARET VOCHASKA</b>
METHOD OF DISPOSITION <b>DONATION</b>	PLACE OF DISPOSITION <b>ANATOMICAL GIFT ASSOCIATION OF ILLINOIS</b>	MAILING ADDRESS <b>16333 127TH STREET, LEMONT, IL, 60439</b>	DATE OF DISPOSITION <b>AUGUST 21, 2013</b>
FUNERAL HOME <b>PETKUS LEMONT FUNERAL HOME, 12401 S. ARCHER AVENUE, LEMONT, IL, 60439</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011702</b>	
FUNERAL DIRECTOR'S NAME <b>DONALD MICHAEL PETKUS</b>		DATE FILED WITH LOCAL REGISTRAR <b>AUGUST 20, 2013</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>THREE YEARS</b>	
CAUSE OF DEATH	PART I. <b>UTERINE CANCER</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____ <small>Due to (or as a consequence of)</small>		
	b. _____ <small>Due to (or as a consequence of)</small>		
	c. _____ <small>Due to (or as a consequence of)</small>		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		WAS AN AUTOPSY PERFORMED? <b>NO</b>	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
		MANNER OF DEATH <b>NATURAL</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>		INJURY AT WORK?	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED			
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>FEBRUARY 28, 2013</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED
		TIME OF DEATH <b>11:40 AM</b>	
CERTIFIER <b>PHYSICIAN</b>		DATE CERTIFIED <b>AUGUST 19, 2013</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>JASON C. COMER, 12150 SOUTH HARLEM AVENUE, PALOS HEIGHTS, ILLINOIS, 60463</b>		PHYSICIAN'S LICENSE NUMBER <b>036109639</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

*David Orr*  
David Orr  
Cook County Clerk

