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NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT



Doc#: 1534113036 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/07/2015 11:22 AM Pg: 1 of 4

PREPARED BY AND RETURN TO:

MARK L. AMENTA, ATTORNEY
5729 ST. CHARLES ROAD
BERKELEY, IL 60163

SEND SUBSEQUENT TAX BILL TO:

ROSE JOSEPH
652 W. Webster Ave.
Chicago, IL 60614

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

That JOHN A. WARD died on September 27, 2015, a resident of Cook County, State of Illinois, owning residential real estate legally described below:

**AN UNDIVIDED ONE HALF (½) INTEREST IN AND TO:
LOT THREE (3) IN S.M. WILSON'S SUBDIVISION OF THE WEST ½ OF BLOCK
TEN (10) IN THE CANAL TRUSTEE'S SUBDIVISION IN SECTION 33,
TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.**

That the street address of the residential real estate is 652 W. Webster Ave., Chicago, Illinois 60614 and the property identification number is 14-33-109-014-0000.

That the Transfer on Death Instrument is dated May 28, 2013 and recorded as Document No. 1316449003 in the Office of the Recorder for Cook County, Illinois.

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

Debora D. Ward	2333 S. 6 th Ave., North Riverside, IL 60546	25% share
Kathleen Hughitt	27285 Cambodia, Farmington, MN 55024	25% share
Kenneth J. Ward	15W599 89 th St., Burr Ridge, IL 60527	25% share

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Ann Marie Villa

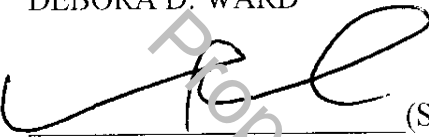
2326 S. 6th Ave., North Riverside, IL 60546

25% share

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 26th day of November, 2015.


(Seal)
DEBORA D. WARD


(Seal)
KATHLEEN HUGHITT

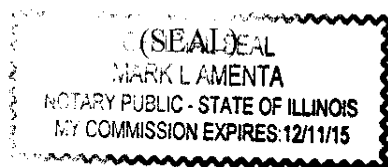

(Seal)
KENNETH J. WARD


(Seal)
ANN MARIE VILLA

STATE OF ILLINOIS)

COUNTY OF COOK) ss

The undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT DEBORA D. WARD and ANN MARIE VILLA personally known to me to be the same persons whose 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 26th day of November, 2015.

My commission expires on 12-11-15


Notary Public

STATE OF MINNESOTA)

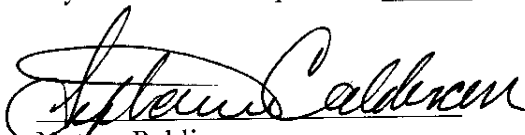
) ss

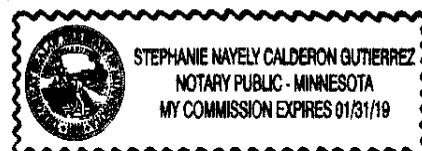
COUNTY OF DAKOTA)

The undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT KATHLEEN HUGHITT personally known to me to be the same person whose name is 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 24 day of November, 2015.

My commission expires on 01-31-19

(SEAL)


Notary Public



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STATE OF FLORIDA)
) ss
 COUNTY OF PALM BEACH)

The undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT KENNETH J. WARD personally known to me to be the same persons whose name is 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 14 day of November, 2015.

My commission expires on 07/25/18

(SEAL)



Kerry Jacobs
 Notary Public

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

DATE ISSUED 10/2/2015

STATE FILE NUMBER 2015 0077177

DECEDENT'S LEGAL NAME JOHN A WARD				SEX MALE	DATE OF DEATH SEPTEMBER 27, 2015															
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 80 YEARS		DATE OF BIRTH SEPTEMBER 03, 1935																
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 652 W WEBSTER																	
PLACE OF DEATH DECEDENT'S HOME																				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 200-000000	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO															
RESIDENCE 652 W WEBSTER		APT. NO. 2ND FL	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 ANTHONY WARD		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET SWEENEY															
INFORMANT'S NAME DEBBIE WARD		RELATIONSHIP DAUGHTER		MAILING ADDRESS 2333 S SIXTH AVE, NORTH RIVERSIDE, IL, 60546																
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT CARMEL CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION OCTOBER 02, 2015															
FUNERAL HOME COONEY FUNERAL HOME IRVING PK, 3912 W IRVING PARK ROAD, CHICAGO, IL, 60618																				
FUNERAL DIRECTOR'S NAME EUGENE MICHAEL COONEY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015974																
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR OCTOBER 2, 2015																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td colspan="2" style="text-align: center;">CAUSE OF DEATH</td> <td style="text-align: center;">PART I. CARDIAC ARREST</td> <td style="text-align: center;">MINUTES</td> </tr> <tr> <td colspan="2" rowspan="2" style="vertical-align: top;"> IMMEDIATE CAUSE (Final disease or condition resulting in death) </td> <td style="text-align: center;">a. _____ Due to (or as a consequence of):</td> <td style="text-align: center;">MONTHS</td> </tr> <tr> <td style="text-align: center;">b. HEART FAILURE _____ Due to (or as a consequence of):</td> <td style="text-align: center;">YEARS</td> </tr> <tr> <td colspan="2" style="text-align: center;">c. ATRIAL FIBRILLATION _____ Due to (or as a consequence of):</td> <td colspan="2"></td> </tr> </table>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH		PART I. CARDIAC ARREST	MINUTES	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):	MONTHS	b. HEART FAILURE _____ Due to (or as a consequence of):	YEARS	c. ATRIAL FIBRILLATION _____ Due to (or as a consequence of):			
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH		PART I. CARDIAC ARREST	MINUTES																
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):	MONTHS																
			b. HEART FAILURE _____ Due to (or as a consequence of):	YEARS																
	c. ATRIAL FIBRILLATION _____ 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? N/A																
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL																
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?															
LOCATION OF INJURY					IF TRANSPORTATION INJURY, SPECIFY:															
DESCRIBE HOW INJURY OCCURRED:																				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE SEPTEMBER 22, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:30 PM																
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 01, 2015																
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JVOTHY PUTHUMANA, 675 N ST CLAIR, GALTER 19-100, CHICAGO, ILLINOIS, 60657					PHYSICIAN'S LICENSE NUMBER 036-112255															

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM