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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/05/2017 01:10 PM PG: 1 OF 3

DOCUMENT PREPARED BY:

Dawn M Nowak

MAIL SUBSEQUENT TAX BILLS TO:

Dawn M. Nowak
8139 Valley Ct
Palos Hills, IL 60465

Request by:

CCRD 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 27/75, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, Randy A Nowak died on 12/14/2016 as a resident of Cook County, Illinois, as owner of the Property Identification Number:

20 - 07 - 102 - 024 - 0000

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

lot 25 in block 3 of McDavid and Rhoad's subdivision of Blocks 15+16 in Stone + Whitney's subdivision in the North 1/2 of section 7, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

And Common Address Of:

2316 W 48th St., Chicago, IL 60609

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 11/10/2016 as Document Number: 1631546128 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:
Dawn M Nowak	8139 Valley Ct, Palos Hills, IL 60465	100

This FORM is Compliments of:



CEDRIC GILES
CHIEF DEPUTY RECORDER

KAREN A. YARBROUGH

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COOK COUNTY RECORDER OF DEEDS NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED PAGE 2 OF 2 (COURTESY FORM)

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this 4th (day) of January (month), 2017 (year).

Beneficiary Name & Signature Section:

<u>Dawn M. Nowak</u> Print Beneficiary Name Above	_____
<u>Dawn M. Nowak</u> Beneficiary Signature Above	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notary Public Section:

STATE OF ILLINOIS }
COUNTY OF _____ } SS

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

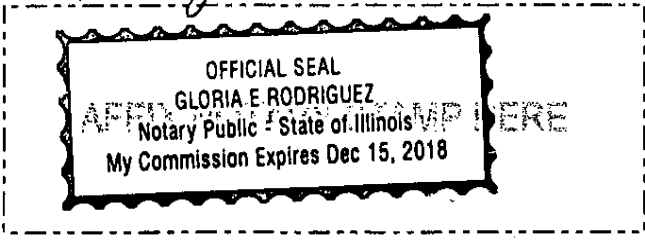
Dawn M. Nowak

List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 4 (day) of January (month), 2017 (year).

Gloria E. Rodriguez
Signature of Notary Above
Gloria E. Rodriguez
Print Name of Notary Above



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Compliments of:



CEDRIC GILES
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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

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

STATE FILE NUMBER 2016 0097945

DATE ISSUED 12/30/2016

DECEDENT'S LEGAL NAME RANDAL A NOWAK		SEX MALE	DATE OF DEATH DECEMBER 14, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH NOVEMBER 16, 1961		
CITY OR TOWN PALOS HILLS		HOSPITAL OR OTHER INSTITUTION NAME 8139 VALLEY COURT		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-3837	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DAWN HICKEY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8139 VALLEY COURT	APT. NO.	CITY OR TOWN PALOS HILLS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60465	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER NOWAK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PHYLLIS KROLAK
INFORMANT'S NAME DAWN NOWAK		RELATIONSHIP WIFE	MAILING ADDRESS 8139 VALLEY COURT, PALOS HILLS, IL 60465	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION GOOD SHEPHERD CEMETERY	LOCATION - CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION DECEMBER 19, 2016
FUNERAL HOME KERRY FUNERAL HOME, 7020 W. 127TH STREET, PALOS HEIGHTS, IL, 60463				
FUNERAL DIRECTOR'S NAME MICHAEL J ORRICO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015888	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 16, 2016	
CAUSE OF DEATH PART I: TONSIL CANCER, METASTATIC				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. Due to (or as a consequence of)		
		c. 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				
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 23, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 15, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRENT RIEGER, M.D., 6800 N. FRONTAGE ROAD, BURR RIDGE, ILLINOIS, 60527				PHYSICIAN'S LICENSE NUMBER 036118918

DECEDENT ALIAS
AKA RANDY A NOWAK

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

