

UNOFFICIAL COPY

NOTICE OF DEATH AFFIDAVIT  
AND ACCEPTANCE OF TRANSFER  
ON DEATH INSTRUMENT



Doc# 1801006156 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/10/2018 03:32 PM PG: 1 OF 3

**PREPARED BY:**

Mitchell Mancione  
The Barclay Law Group, P.C.  
111 W. Washington St., Ste. 1520  
Chicago, IL 60602

**MAIL TAX BILL AND RECORDED**

**DOCUMENT TO:**

Sharon Ruff  
8115 S. Manistee Ave  
Chicago, IL 60617

Above Space for Recorder's Use Only

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

1. That Robert Ruff died on Dec. 12, 2017, a resident of Cook County, Illinois, owning residential real estate legally described as follows:

LOT 35 IN BLOCK 1 IN COLBURN PARK BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

2. That the street address of the residential real estate is 8115 S. Manistee Ave., Chicago, IL 60617 and the property identification number is 21-31-123-005-0000.
3. That the Transfer on Death Instrument is dated August 24, 2016 and recorded as Document No. 1623729092 in the Office of the Recorder for Cook County, Illinois.
4. That the undersigned, whose names and addresses appear below, are the beneficiaries entitled to receive under the Transfer on Death Instrument:

Name	Address	Share
Sharon Ruff	8115 S. Manistee Ave., Chicago, IL 60617	Joint Tenant
Karen Ruff	5140 Hyde Park Blvd., Chicago, IL 60615	Joint Tenant

IN WITNESS HEREOF, the undersigned beneficiary(ies) hereby accept the transfer of residential real estate under the transfer on death instrument this 10<sup>th</sup> day of January, 2018.

Sharon Ruff

Karen Ruff

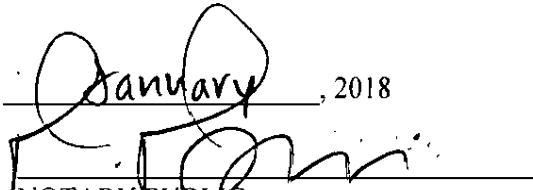
# UNOFFICIAL COPY

State of Illinois )  
 ) SS  
County of Cook )

I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY, that SHARON RUFF and KAREN RUFF, personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she/he/they signed, sealed and delivered the said instrument as her/his/their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 10<sup>th</sup> day of January, 2018

Commission expires August 23, 20 20

  
NOTARY PUBLIC



Property of Cook County Clerk's Office

# CERTIFICATE OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0101293


DATE ISSUED 12/20/2017

DECEDENT'S LEGAL NAME ROBERT RUFF JR.		SEX MALE	DATE OF DEATH DECEMBER 12, 2017														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JULY 27, 1929														
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME VA JESSE BROWN MEDICAL CENTER															
PLACE OF DEATH INPATIENT																	
BIRTHPLACE SHELBY NC	SOCIAL SECURITY NUMBER 340-24-7292	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES													
RESIDENCE 8115 S MANISTEE AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES													
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT RUFF SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADELE ADAMS													
INFORMANT'S NAME SHARON RUFF		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8115 S MANISTEE AVE, CHICAGO, IL, 60617														
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION														
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE CROVE, CHICAGO, IL, 60619																	
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489														
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 20, 2017														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%;">PART I</td> <td style="width: 65%;">MULTIPLE ORGAN FAILURE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">           APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH         </td> </tr> <tr> <td>a</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td>b</td> <td>SEPSIS</td> </tr> <tr> <td>c</td> <td>PNEUMONIA</td> </tr> <tr> <td colspan="3" style="text-align: center;">Due to (or as a consequence of)</td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	MULTIPLE ORGAN FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a	Due to (or as a consequence of)	b	SEPSIS	c	PNEUMONIA	Due to (or as a consequence of)		
<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	MULTIPLE ORGAN FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
	a	Due to (or as a consequence of)															
	b	SEPSIS															
	c	PNEUMONIA															
Due to (or as a consequence of)																	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO														
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A														
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 DECEMBER 12, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:40 AM													
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 12, 2017														
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHUO QIAN-MD, 820 S DAMEN AVE, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 125071226														

D00195449



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  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM