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DOCUMENT PREPARED BY:

STEPHEN L. LOWDER

Attorney at Law

1015 Hayes Ave., Oak Park, IL 60302

MAIL SUBSEQUENT TAX BILLS TO:

Patricia B. McNally

718 Ontario Street, 3N

Oak Park, IL 60302



1801622000

Doc# 1801622000 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/16/2018 09:17 AM PG: 1 OF 4

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 27/15, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, Patricia R. McNally died on December 17, 2017

as a resident of Cook County, Illinois, as owner of the Property Identification Number:

1 5 - 1 2 - 1 1 7 - 0 1 6 - 1 0 3 2

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

See attached - Exhibit A

And Common Address Of:

407 Ashland Avenue, #4F, River Forest, IL 60305

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on December 8, 2015 as Document Number: 1534234045 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:
Patricia B. McNally	718 Ontario Street, 3N, Oak Park, IL 60302	100%

This FORM is
Compliments of:



KAREN A. YARBROUGH

CEDRIC GILES
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

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of 2

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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 5th (day) of January (month), 2018 (year).

Beneficiary Name & Signature Section:

<u>Patricia B. McNally</u> Print Beneficiary Name Above	_____
<u>Patricia B. McNally</u> Beneficiary Signature Above	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notary Public Section:

STATE OF ILLINOIS }
COUNTY OF COOK } SS

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

Patricia B. McNally

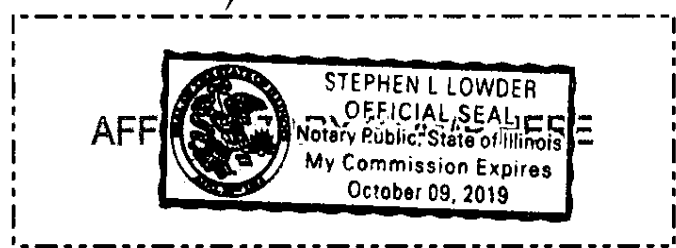
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 5th (day) of January (month), 2018 (year).

[Signature]
Signature of Notary Above

Stephen L. Lowder
Print Name of Notary Above



This FORM is
Compliments of:



KAREN A. YARBROUGH

CEDRIC GILES
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

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EXHIBIT A

Legal Description -

UNIT NO. 4-F AS DELINEATED ON PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL); LOTS 4 AND 5, AND THE WEST 18.0 FEET OF LOT 8 AND ALL OF LOTS 9, 10, 11 AND 12 IN BLOCK 3 PART OF RIVER FOREST BEING A SUBDIVISION OF PART OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AS SURVEYED FOR THE SUBURBAN HOME MUTUAL LAND ASSOCIATION ACCORDING TO THE PLAT THEREOF RECORDED JUNE 23, 1890 AS DOCUMENT 1291334 IN BOOK 43 OF PLATS, PAGE 20 IN COOK COUNTY, ILLINOIS, WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION OF CONDOMINIUM MADE BY RIVER FOREST STATE BANK AND TRUST COMPANY, A CORPORATION OF ILLINOIS AS TRUSTEE UNDER TRUST AGREEMENT DATED JULY 8, 1968 KNOWN AS TRUST NUMBER 1442, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT 21171894 AND AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL) THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND PLAT OF SURVEY IN COOK COUNTY, ILLINOIS.

Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER: 2017 0101023 MEDICAL EXAMINER'S CASE NUMBER: 2017-05895 DATE ISSUED: 12/20/2017

DECEDENT'S LEGAL NAME PATRICIA ANN RUANE MCNALLY		SEX FEMALE	DATE OF DEATH DECEMBER 17, 2017
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH APRIL 18, 1927	
CITY OR TOWN OAK PARK		HOSPITAL OR OTHER INSTITUTION NAME OAK PARK HOSPITAL	
PLACE OF DEATH INPATIENT			
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 407 ASHLAND AVE		APT. NO. [REDACTED]	CITY OR TOWN RIVER FOREST
INSIDE CITY LIMITS? YES			
COUNTY COOK	STATE IL	ZIP CODE 60305	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES RUANE
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BEATRICE MCFADDEN			
INFORMANT'S NAME PATRICIA BEATRICE MCNALLY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 718 ONTARIO AVE 3N, OAK PARK, IL, 60302
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION DECEMBER 22, 2017
FUNERAL HOME DRECHSLER BROWN AND WILLIAMS FUNERAL HOME, 203 S MARION ST, OAK PARK, IL, 60302			
FUNERAL DIRECTOR'S NAME KEITH GLENN KUSTRA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016507	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR DECEMBER 19, 2017	
CAUSE OF DEATH PART I. COMPLICATIONS OF FEMUR FRACTURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):
		b.	FALL FROM STANDING HEIGHT
		c.	Due to (or as a consequence of):
			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. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; ATRIAL FIBRILLATION ANTICOAGULATION THERAPY			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT
DATE OF INJURY DECEMBER 13, 2017	TIME OF INJURY 11:00 PM	PLACE OF INJURY HOME	INJURY AT WORK? NO
LOCATION OF INJURY 407 ASHLAND AVE, RIVER FOREST, IL, 60305			
DESCRIBE HOW INJURY OCCURRED: FELL WHILE WALKING FROM STANDING HEIGHT			IF TRANSPORTATION INJURY, SPECIFY.
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED: DECEMBER 17, 2017
			TIME OF DEATH 05:58 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED DECEMBER 19, 2017
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER

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
 Cook County Clerk



D00198723

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE