

UNOFFICIAL COPY

DOCUMENT PREPARED BY:

BERNARD KYLE

115 PRYER TERRACE

New York NY 10804

MAIL SUBSEQUENT TAX BILLS TO:



1817657077

Doc# 1817657077 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/25/2018 01:24 PM 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 277/5, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, WILLIAM KYLE died on JUNE 5, 2018

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

16 - 23 - 412 - 010 - 0000

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

ATTACHED

And Common Address Of:

1331 S. LAWDALE AVE.

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on

04/13/2017 as Document Number: 1710329098 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:
BERNARD KYLE	115 Pryer Terrace, New Rochelle NY 10804	50%
BETTY KING (KYLE)	375 Miami St. Park Forrest, IL 60466	50%

This FORM Is Compliments of:



CEDRIC GILES CHIEF DEPUTY RECORDER

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

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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 _____ (day) of _____ (month), _____ (year).

Beneficiary Name & Signature Section:

BERNARD KYLE
Print Beneficiary Name Above

Betty King
Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Bernard Kyle
Print Beneficiary Name Above

Betty King
Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

[Signature]
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

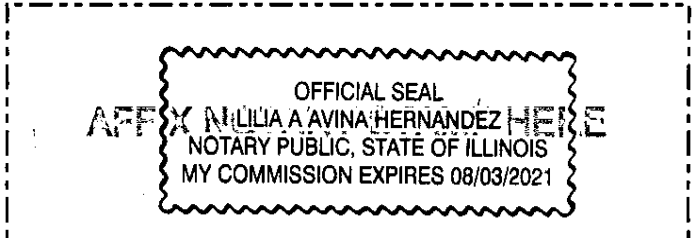
Bernard Kyle and Betty G King
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 23 (day) of June (month), 2018 (year).

[Signature]
Signature of Notary Above

Lilia Avina Hernandez
Print Name of Notary Above



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~~Lot 12 (except the North 1 foot thereof) and the North half~~
of Lot 13 in Block 3 in Vance and Phillip's Boulevard Addition
of the North East Quarter of the North West Quarter (except the
North East Quarter thereof) in Section 23, Township 39 North,
Range 13 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

STATE FILE NUMBER 2018 0048570

DATE ISSUED 6/14/2018

DECEDENT'S LEGAL NAME WILLIAM KYLE		SEX MALE	DATE OF DEATH JUNE 05, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH APRIL 19, 1936		
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME HINES VETERAN ADMINISTRATION FACILITY		
PLACE OF DEATH INPATIENT				
BIRTHPLACE GREENVILLE TX	SOCIAL SECURITY NUMBER 323-30-6865	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1331 SOUTH LAWDALE AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60623	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM KYLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MATTIE SIMMONS
INFORMANT'S NAME ROBIN BROOKS		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS PO BOX 5000, HINES, IL, 60141	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION PARIWYN FUNERAL DIRECTOR'S CREMATORY	LOCATION - CITY OR TOWN AND STATE BERWYN, IL	DATE OF DISPOSITION	
FUNERAL HOME KOPICKI'S TOWER HOME FOR FUNERALS, 4007 JOLIET AVENUE, LYONS, IL, 60534				
FUNERAL DIRECTOR'S NAME KEVIN THADDEUS KOPICKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012134	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR JUNE 13, 2018	
CAUSE OF DEATH PART I: METASTATIC POORLY DIFFERENTIATED CARCINOMA OF UNKNOWN PRIMARY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.		
		c.		
		Due to (or as a consequence of)		
		Due to (or as a consequence of)		
		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: HYPERTENSION, DIABETES MELLITUS			WAS AN AUTOPSY PERFORMED? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
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 JUNE 05, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:55 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 08, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SEEMA LIMAYE, 5000 SOUTH 5TH AVE, HINES, ILLINOIS, 60141				PHYSICIAN'S LICENSE NUMBER 036115624

0383148



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

