

# UNOFFICIAL COPY

## NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT



Doc# 1823316028 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/21/2018 10:41 AM PG: 1 OF 4

PREPARED BY AND RETURN TO:  
TERESA HOFFMAN LISTON  
5901 Dempster Street, Suite 200,  
Morton Grove, IL, 60053

SEND SUBSEQUENT TAX BILL TO:

Name Ramiro Yousif  
Address 500 S Enfield Ave #206  
Address Skokie, IL 60077  
CT-186NW181004SK 1/2 ECA

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

1. That Salman David died on January 24, 2018, a resident of Cook County, Illinois, owning residential real estate legally described below:  
SEE LEGAL DESCRIPTION ATTACHED HERETO
2. That the street address of the residential real estate is 5005 Enfield Avenue, Unit 206, Skokie, Illinois, 60077, and the property identification number is 10-16-432-037-1013.
3. That the Transfer on Death Instrument is dated July 27, 2015, and recorded July 7, 2016, as Document No. 1618944029 in the Office of the Recorder for Cook County, Illinois.
4. That the undersigned, whose name and address appears below, is the only beneficiary entitled to receive under the Transfer on Death Instrument:

Name: Ephraim David, 780 South Federal Street, Unit 701, Chicago, IL 60605  
Share: 100%

In witness whereof, the undersigned beneficiary hereby accepts the transfer of residential real estate under the transfer on death instrument this 11th day of July, 2018.

Beneficiary Signature

Print Beneficiary Name: EPHRAIM DAVID

BOX 332

S. Y  
P. 4  
S. N  
SC. Y  
INT. Y

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STATE OF ILLINOIS )

) SS

COUNTY OF COOK )

I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT Ephraim David, 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 11th day of July, 2018.



Notary Public



NOTICE: This Notice of Death Affidavit and Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of the death of the owner to make the transfer on death instrument effective. You should consult a lawyer before using this form.

TERESA HOFFMAN LISTON  
5901 Dempster Street, Suite 200  
Morton Grove, IL 60053

Property of Cook County Clerk's Office

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## LEGAL DESCRIPTION

UNIT NUMBER 206 AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 26TH DAY OF MARCH, 1976 AS DOCUMENT NUMBER 2860846 AND WITH IT UNDIVIDED PERCENTAGE INTEREST (EXCEPT THE UNITS DELINEATED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES:

LOTS 1, 2, 3, 4, 5, 6, 7, 8, 9, AND 10 IN BLOCK 28 IN THE BRONX, BEING A SUBDIVISION OF PARTS OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED AS DOCUMENT NUMBER 219388 IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

SKOKIE HEALTH DEPARTMENT  
SKOKIE, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

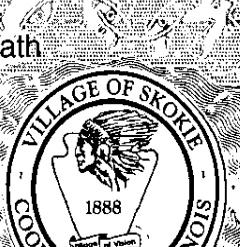
STATE FILE NUMBER 2018 0008076

DATE ISSUED 1/29/2018

DECEDENT'S LEGAL NAME SALMAN, DAVID		SEX MALE	DATE OF DEATH JANUARY 24, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH DECEMBER 21, 1927		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME 5005 ENFIELD AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE IRAQ	SOCIAL SECURITY NUMBER 104-44-6291	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5005 ENFIELD AVENUE	APT. NO. 206	CITY OR TOWN SKOKIE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60077	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOSHE, DAVID	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SELIMA, LEVY
INFORMANT'S NAME EPHRAIM, DAVID		RELATIONSHIP BROTHER	MAILING ADDRESS 780 SOUTH FEDERAL STREET UNIT 710 SKOKIE, IL 60077	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JANUARY 28, 2018	
FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NORTH SKOKIE BOULEVARD, SKOKIE, IL 60077				
FUNERAL DIRECTOR'S NAME SUSAN WINKELSTEIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011533	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR JANUARY 29, 2018	
CAUSE OF DEATH - PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. ASPIRATION PNEUMONIA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MONTHS
b. DEMENTIA				YEARS
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				
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 26, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL MARSCHKE, 4901 SEARLE PARKWAY, SUITE 160, SKOKIE, ILLINOIS, 60077			PHYSICIAN'S LICENSE NUMBER 036075838	

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.

Catherine A. Counard, M.D., M.P.H.  
Catherine A. Counard, M.D., M.P.H.  
Local Registrar/Director of Health



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE