| DOCUMENT PREFARED BY. | FICIAL COPT |
|---|---|
| Jean Power 335 W Glade Rd | *1826849250* |
| Palatine II (20067 MAIL SUBSEQUENT TAX BILLS TO: JEAN POWER 335 W GLADE RD | RHSP FEE:S9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS DATE: 09/25/2018 01:33 PM PG: 1 OF 4 |
| PALATINE IL 60067 | New September 1997 |
| | DATORY COURTESY FORM, AND <u>IS NOT</u> LEGAL ADVICE IN ANYWAY! |
| NOTICE OF DEATH AFFIDAVIT & ACCEP | TANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED |
| Pursuant to §755 ILCS 27 75. Sec. 75. Notice of | of death affidavit, the undersigned beneficiary/beneficiaries, having been |
| duly sworn and under oath, do state the following | ng: That, Shirley M. Hurley died on 9-3-2018 |
| | OK County, Illinois, as owner of the Property Identification Number: |
| 02-22-2 | 02-014-1052 |
| With the Legal Descrip | tion Of (attach exhibit if more room is needed): |
| 133 W PALATINE | KD. UNIT 204A, PALATINE, |
| IL 60067 | C |
| | |
| | |
| | |
| A | and Common Address Of: |
| And Furthermore, the aforementioned owner (w | no is now deceased) recorded a Transfer on Death Instrument (TODI) on |
| | 1732149196 naming the following transficiary/beneficiaries |
| as the successive owner(s) of the property | referenced above with the stated percentage/shate of said property: |
| NAME: | ADDRESS: SIARE: |
| JEAN POWER 335 WG | LADE RO PALATINE IL 60067 5090 |
| Tom Hurley 58 HUNT | CLIFF CT FOX RIVER Grove FL 5090 |
| | 60021 |
| | |
| | |
| | |
| This FORM is | AREN A. YARBROUGH Page 1 |
| Compliments of CEDRIC GI | ES COOK COUNTY PECOPDED OF DEEDS 012 |
| CHIEF DEPUTY R | ECORDER OUT OUT TO THE DELEGE |

1826849250 Page: 2 of 4

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 9-25 (day) of September (month), 2018 | _ (year). | |
| Beneficiary Name & Signature Section: | | |
| | | |
| JEAN POWEY Print Beneficiary Name Above Print Beneficiary Name Above | _ | |
| Print Beneficiary Name Above Print Beneficiary Name Above | | |
| Sean (Dower Jan Hally | _ | |
| Beneficiary Signature Above Beneficiary Signature Above | - | |
| | | |
| | _ | |
| Print Beneficiary Name Above Print Beneficiary Name Above | - | |
| | | |
| Beneficiary Signature Above Beneficiary Signature Above | - | |
| | | |
| | | |
| Print Beneficiary Name Above Print Beneficiary Name Above | - | |
| τ | | |
| Beneficiary Signature Above Beneficiary Signature Above | - | |
| | | |
| Notary Public Section: | | |
| STATE OF ILLINOIS SS | | |
| COUNTY OF COOK | | |
| f, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CER (IF ✓ THAT | | |
| , the differential to the different and for the different and the | | |
| Jean Tower and Ihamas Harley | _ | |
| List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ALOV | | |
| personally known to me to be the same person or persons whose name or names are subscribed to the oregoing | | |
| instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit. | | |
| Signed and sworm to before me this | | |
| , // D | - ₁ | |
| I fine of ones | 1 | |
| Signature of Notary Apove ASFIX N(CESAR'A) ROJAS \ MP HIRE | 1 | |
| Notary Public - State of Illinois My Commission Expires October 01, 2019 | ! | |
| Print Name of Notary Above | į | |
| This FORM IS KAREN A YARBROUGH | Dago 2 | |
| Compliments of CEDRIC GILES COOK COUNTY DECORDED OF DEEDS | _ Page 2 of 2 | |
| CHIEF DEPUTY RECORDER COOK COOKTT RECORDER OF DELECTION | | |

UNOFFICIAL COPY

LEGAL DESCRIPTION

Parcel 1: Unit 204A in the Benchmark of Palatine Condominiums in Section 22, Township 42 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, as delineated on a survey attached as Exhibit "C" to the Declaration of Condominium recorded June 15, 2005, as Document Number 0516619000, which was amended by Amendment No. 1 recorded October 25, 2005, as Document Number 0529810000, and as further amended from time to time with its undivided percentage interest in the common elements.

excit prage Spa.

Cook County Clark's Office Parcel 2: The exclusive right of use of limited common elements known as Garage Space G-18 and Storage Space S-18.



THE WORD VOID APPEARS WHEN PHOTOCOP

GERTISICATION OF DEATH RECORD

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

MEDICAL CERTIFICATE OF DEAT

9/6/2018 STATE FILE NUMBER 2018 0071294 DATE ISSUED DATE OF DEATH DECEDENT'S LEGAL NAME SEX FEMALE: SEPTEMBER 03, 2018 SHIRLEY M HURLEY COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH 93 YEARS JANUARY 16, 1925 COOK: HOSPITAL OR OTHER INSTITUTION NAME CITY OR TOWN 133 W PALATINE ROAD #204 PALATINE PLACE OF DEATH DECEDENT'S HOME BIRTHPLACE SOCIAL SECURITY NUMBER SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FORCES? NO WIDOWED ELMWOOD PARK, IL 3574 INSIDE CITY LIMITS? RESIDENCE APT: NO CITY OR TOWN 133 W PALATINE ROAD 204 PALATINE YES FATHER/CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION. COUNTY ZIP CODE MARTHA E BACHMANN HARRY A MITCHELL COOK 00067 RELATIONSHIP MAILING ADDRESS INFORMANT'S NAME 355 W GLADE ROAD, PALATINE, IL, 60067 DAUGHTER JEAN POWER LAC OF DISPOSITION LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION METHOD OF DISPOSITION WINDRIDGE MEMORIAL PARK SEPTEMBER 11, 2018 BURIAL CARY SMITH-CORCORAN FUNERAL HOME: PALATIN: 185 E NORTHWEST HWY, PALATINE IL, 60067 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER FUNERAL DIRECTOR'S NAME. KAREN F KNOWLAND 034015931 DATE FILED WITH LOCAL REGISTRAR LOCAL REGISTRAR'S NAME SEPTEMBER 5, 2018 DAVID ORR PART L. CANCER OF UNKNOWN PRIMARY CAUSE OF DEATH 6 WEEKS IMMEDIATE CAUSE PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART to WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A ANNER OF DEATH. FEMALE PREGNANCY STATUS JATURAL NOT APPLICABLE INJURY AT WORK? DATE OF INJURY TIME OF INJURY PLACE OF INJURY LOCATION OF INJURY IF TRANSPURING TION INJURY, SPECIFY DESCRIBE HOW INJURY OCCURRED.



ATTEND THE DECEASED?

YES

CERTIFIER

PHYSICIAN

DATE LAST SEEN ALIVE

EVELYN WHITE, 500 N HICKS ROAD, PALATINE, ILLINOIS, 60067

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

AUGUST 13, 2018

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.

WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO

DATE PRONOUNCED





TIME OF DEATH

08:20 AM

DATE CERTIFIED

SEPTEMBER 04, 2018

PHYSICIAN'S LICENSE NUMBER