

# UNOFFICIAL COPY



\*1832418037\*

<b>DOCUMENT PREPARED BY:</b>
BRENT VERHOOG (SON)
701 FOREST ROAD
GLENVIEW, IL 60025
<b>MAIL SUBSEQUENT TAX BILLS TO:</b>
BRENT VERHOOG
701 FOREST ROAD
GLENVIEW, IL 60025

Doc# 1832418037 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/20/2018 11:56 AM PG: 1 OF 3

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 27/75, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, HARRY VERHOOG died on 09/30/2018

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

1 1 - 1 8 - 4 2 1 - 0 0 9 - 0 0 0 0

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

THE SOUTH 100 FEET OF THE WEST 150 FEET OF LOT 6 IN BLOCK 35 IN GREENLEAF'S SUBDIVISION OF BLOCKS 35, 36 AND 73  
IN THE VILLAGE NOW CITY OF EVANSTON IN SECTION 18 TOWNSHIP 41, NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS FULL ADDRESS 1305 FOREST AVENUE EVANSTON, IL 60201

And Common Address Of:

1305 FOREST AVENUE EVANSTON, IL 60201

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 09/20/2018 as Document Number: 1826344043 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
ALICE J. VERHOOG	1305 Forest Ave. Evanston, Illinois 60201	100%

This FORM is  
Compliments of:



**KAREN A. YARBROUGH**  
CEDRIC GILES  
CHIEF DEPUTY RECORDER  
COOK COUNTY RECORDER OF DEEDS

Page 1  
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 16th (day) of November (month), 2018 (year).

### Beneficiary Name & Signature Section:

ALICE J. VERHOOG  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

*Alice Verhoog*  
Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

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Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
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

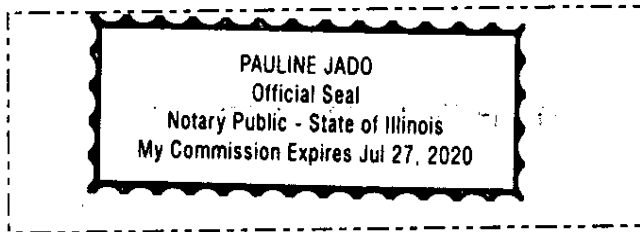
Alice J. Verhoog  
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 16th (day) of November (month), 2018 (year).

*Pauline Jado*  
Signature of Notary Above

Pauline Jado  
Print Name of Notary Above



This FORM is  
Compliments of:



**KAREN A. YARBROUGH**  
CEDRIC GILES  
CHIEF DEPUTY RECORDER  
**COOK COUNTY RECORDER OF DEEDS**

STATE OF NEW MEXICO

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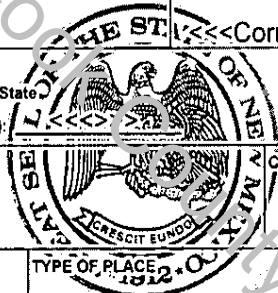
REV (8/13)

New Mexico Vital Records and Health Statistics  
State of New Mexico  
United States of America

No. 4241890

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DECEDENT'S LEGAL NAME <b>&lt;&lt;&lt;Harry D Verhoog&gt;&gt;</b>		IF FEMALE, MAIDEN NAME <b>&lt;&lt;&lt;&gt;&gt;</b>	
DATE OF DEATH <b>September 30, 2018</b>	TIME OF DEATH <b>08:26</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	SEX <b>Male</b>	SOCIAL SECURITY NUMBER <b>[REDACTED]-6005</b>
MARITAL STATUS <b>Married</b>	SURVIVING SPOUSE - If wife, maiden name <b>&lt;&lt;&lt;JoAnn Ader&gt;&gt;</b>		
DATE OF BIRTH <b>June 03, 1939</b>	BIRTH PLACE <b>Zwanaburg, Netherlands</b>	SERVED IN U.S. ARMED FORCES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DECEDENT'S RACE <b>White</b>	TRIBE <b>&lt;&lt;&lt;&gt;&gt;</b>	HISPANIC Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DECEDENT'S RESIDENCE COUNTY <b>Cook</b>		DECEDENT'S RESIDENCE STATE <b>Illinois</b>	
MOTHER'S FULL MAIDEN NAME <b>&lt;&lt;&lt;Janka Shuranga&gt;&gt;</b>		FATHER'S FULL NAME <b>&lt;&lt;&lt;Cornelius Verhoog&gt;&gt;</b>	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment		DISPOSITION LOCATION <b>Sunset Memorial Park Crematory</b>	
FUNERAL SERVICE FACILITY <b>Cremation Society of NM</b>		COUNTY OF DEATH <b>Bernalillo</b>	
PLACE OF DEATH <b>5989 Corrales Road</b>	TYPE OF PLACE <b>Daughter's Residence</b>	NAME OF PERSON CERTIFYING CAUSE OF DEATH <b>&lt;&lt;&lt;Suzanne Pison MD&gt;&gt;</b> <i>Suzanne Pison MD</i>	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation			
CAUSE OF DEATH PART I. Events such as diseases, injuries, or complications that directly caused the death.			
a. <b>Lung Cancer</b>			
b. <b>&lt;&lt;&lt;&gt;&gt;</b>			
c. <b>&lt;&lt;&lt;&gt;&gt;</b>			
d. <b>&lt;&lt;&lt;&gt;&gt;</b>			
PART II. Other significant conditions contributing to death.			
<b>Chronic Obstructive Pulmonary Disease</b>			



Clerk's Office

File Number: 2018-013285  
File Date: October 09, 2018  
Order Number: 20181003949

*Renee Valencia*, State Registrar

CERTIFIED COPY OF VITAL RECORD  
This is a true and exact reproduction of all-or part of the document, officially registered and filed with the New Mexico Bureau of Vital Records and Health Statistics, Department of Health.



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DATE ISSUED Oct-10-2018