



1909846098

Doc# 1909846098 Fee \$44.25

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/08/2019 12:40 PM PG: 1 OF 3

DOCUMENT PREPARED BY:

Jane M. Foley

4305 W 99th Street

Oak Lawn, IL 60453

MAIL SUBSEQUENT TAX BILLS TO:

Jane M. Foley

4305 W 99th Street

Oak Lawn, IL 60453

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, Robert L. Foley died on March 8, 2019

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

24 - 10 - 420 - 011 - 0000

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

Lot Nine (9) except the East 15 feet thereof, and the East 5 feet of Lot Eight (8), in Block One (1), in Beverly Lawn, being a subdivision of the North Half (N 1/2) of the North Half (N 1/2), of the South East quarter (SE 1/4), of Section Ten (10), Township Thirty-Seven (37) North, Range Thirteen (13), East of the Third (3rd) Principal Meridian in Cook County, Illinois

And Common Address Of:

4305 W 99th Street, Oak Lawn, IL 60453

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

June 17, 2016 as Document Number: 1616946013 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:
Jane M. Foley	4305 W 99th St., Oak Lawn, IL 60453	50%
John S. Foley	9242 S Turner Ave., Evergreen Park, IL 60805	50%



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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 8th (day) of April (month), 2019 (year).

Beneficiary Name & Signature Section:

Jane M. Foley
Print Beneficiary Name Above

John S. Foley
Print Beneficiary Name Above

Jane M. Foley
Beneficiary Signature Above

[Signature]
Beneficiary Signature Above

Print Beneficiary Name Above

Rachelle L.
Print Beneficiary Name Above

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

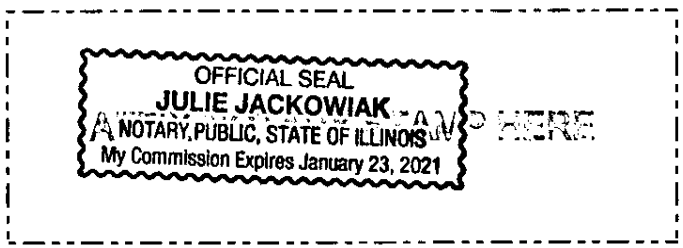
Jane M. Foley, John S. Foley
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 8 (day) of April (month), 2019 (year).

Julie Jackowiak
Signature of Notary Above

Julie Jackowiak
Print Name of Notary Above



CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

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

STATE FILE NUMBER 2019 0020010

DATE ISSUED 3/14/2019

DECEDENT'S LEGAL NAME ROBERT L FOLEY		SEX MALE	DATE OF DEATH MARCH 08, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH JANUARY 18, 1927		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 325-20-0798	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4305 W 99TH STREET	APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM B FOLEY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET CLEARY
INFORMANT'S NAME JANE FOLEY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 4305 W 99TH STREET, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION MARCH 14, 2019	
FUNERAL HOME KENNY BROTHERS FUNERAL DIRECTORS, 2600 WEST 95TH STREET, EVERGREEN PARK, IL, 60805				
FUNERAL DIRECTOR'S NAME KAREN HANNAH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015926	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MARCH 12, 2019	
CAUSE OF DEATH PART I: MASSIVE LOWER GASTROINTESTINAL BLEED				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b		
		c		
<small>Due to (or as a consequence of)</small>				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. CORONARY ARTERY DISEASE, ANEMIA			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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 FEBRUARY 28, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:54 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 08, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MOHAMMAD A RAZZAQUE, 3230 W 95TH STREET, EVERGREEN PARK, ILLINOIS, 60805			PHYSICIAN'S LICENSE NUMBER 036-0070909895306	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT 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.

Karen A. Yarbrough
 Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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Property of Cook County Clerk's Office

TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNQcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

www.isp-vft.com Ref: 223574