

UNOFFICIAL COPY

DOCUMENT PREPARED BY:

Lorraine Shimkus

5700 W. 90<sup>th</sup> Place

OAK LAWN, IL 60453

MAIL SUBSEQUENT TAX BILLS TO:

Lorraine Shimkus

5700 W. 90<sup>th</sup> Place

OAK LAWN, IL 60453



\*1917746020\*

Doc# 1917746020 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/26/2019 08:48 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 27/5, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, WANDA JAWORSKI died on APRIL 11, 2019 as a resident of COOK County, Illinois, as owner of the Property Identification Number:

24 - 16 - 312 - 007 - 0000

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

Unit 10922 lot 359 in Lorel Condominium, as delineated on a Survey of the following tract of land: Eagle Ridge phase 6 Subdivision being a subdivision in the east 1/2 of the Southwest 1/4 and the West 1/2 of the Southwest 1/4 of Section 16, Township 37 North, Range 13 East of the 1st principal meridian in Cook County, IL. And Common Address Of:

10922 SOUTH LOREL AVE, OAK LAWN, IL 60453

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 8/15/2018 as Document Number: 1823608006 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:
Lorraine Shimkus	5700 W. 90 <sup>th</sup> Place, OAK LAWN, IL, 60453	100%

This FORM is Compliments of:



EDWARD M. MOODY  
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 25 (day) of JUNE (month), 2019 (year).

### Beneficiary Name & Signature Section:

LORRAINE SHIMKUS  
Print Beneficiary Name Above

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

Lorraine Shimkus  
Beneficiary Signature Above

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

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

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

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Beneficiary Signature Above

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Beneficiary Signature Above

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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

Lorraine Shimkus

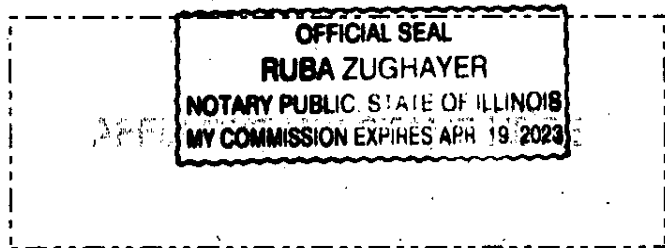
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 25<sup>th</sup> (day) of JUNE (month), 2019 (year).

Ruba Zughayer  
Signature of Notary Above

Ruba Zughayer  
Print Name of Notary Above



**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2019 0029855


DATE ISSUED 4/15/2019

DECEDENT'S LEGAL NAME WANDA JAWORSKI			SEX FEMALE	DATE OF DEATH APRIL 11, 2019
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 93 YEARS		DATE OF BIRTH SEPTEMBER 19, 1925	
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE POLAND	SOCIAL SECURITY NUMBER 334-50-2538	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10922 LOREL AVENUE	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 MICHAL BIALASZYNSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BRONSLAWA STRAKOWSKA
INFORMANT'S NAME LORRAINE SHIMKUS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 5700 W 90TH PLACE, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION APRIL 17, 2019
FUNERAL HOME MODELL FUNERAL HOME, 7710 SOUTH CASS AVENUE, DARIEN, IL, 60561				
FUNERAL DIRECTOR'S NAME FRANK A. MODELSKI JR.			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010613	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR APRIL 15, 2019	
CAUSE OF DEATH - PART I: PROBDOLE GASTIC BLEEDING				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	DAYS
		b.	HYPERNATREMIA	WEEKS
		c.	ACUTE KIDNEY INJURY	WEEKS
		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.			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 APRIL 10, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 02:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 11, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANWER RAHMAN, 12251 S 80TH AVENUE, PALOS HEIGHTS, ILLINOIS, 60463.			PHYSICIAN'S LICENSE NUMBER 036-111161	

0929629



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  
 Cook County Clerk

