

UNOFFICIAL COPY

DOCUMENT PREPARED BY:

Matthew Snow

2644 Glenwood St

Highland IN

MAIL SUBSEQUENT TAX BILLS TO:

12725 S Muskegon

Matthew Snow

Chicago, IL



Doc# 1926057296 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/17/2019 01:28 PM 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, JB Abney died on 7/25/2019

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

26 - 30 - 312 - 014 - 0000

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

LOT 14 in Block 4 in Ford City subdivision numbers
being a subdivision of blocks 5 to 8 (except the south
four acres of Block 8) in subdivision of the north 1/4
of the southwest 1/4 of section 9, township 37 north, range 8

And Common Address Of:

12725 S Muskegon Chicago IL 60633

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

3/29/2014 as Document Number: 19088 5114 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:
Matthew Snow	2644 Glenwood St	100%



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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 26 (day) of August (month), 2019 (year).

Beneficiary Name & Signature Section:

<u>Matthew Snow</u> Print Beneficiary Name Above	_____ Print Beneficiary Name Above
<u>[Signature]</u> 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
_____ 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

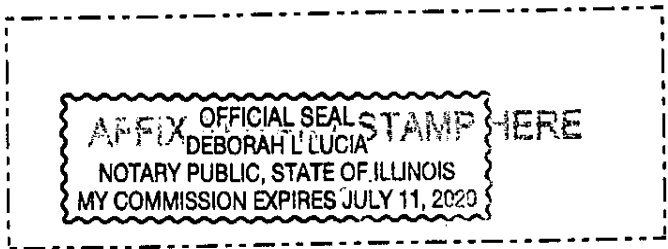
Matthew Snow
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 26th (day) of August (month), 2019 (year).

Deborah L. Lucia
Signature of Notary Above

Deborah L. Lucia
Print Name of Notary Above





INDIANA STATE DEPARTMENT OF HEALTH
UNOFFICIAL COPY Tracking No. 203120
 CERTIFICATE OF DEATH

Local No 902707

EDR No 00000722947

State No 036446

1. Decedent's Legal Name (First, Middle, Last) J B AKINS		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 05:00 PM	4. Date Of Death (Month/Day/Year) 07/25/2019	
5. Social Security Number 415-70-5591	6a. Age - Yrs 75	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/10/1944	8. Birthplace (City and State or Foreign Country) VONORE, TN
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation MECHANIC		17. Kind Of Business/Industry AUTOMOTIVE	
18. Residence - State ILLINOIS		18a. County COOK		18b. City Or Town CHICAGO			
18c. Street And Number 12725 MUSKEGON AVENUE				18d. Apt. No.	18e. Zip Code 60633	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) J R AKINS		23. Parent's Name (First, Middle, Last) MARIE AKINS		23a. Parent's Last Name Before First Marriage DEVINE			
24. Informant's Name JEANA SNOW		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2644 GLENWOOD STREET, HIGHLAND, IN 46322			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name (If Cemetery, Crematory, Other Place) LAKEVIEW CEMETERY		25c. Location - City, Town, And State LENOIR CITY, TN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373				27a. Funeral Home License Number: FH19900052	
27b. Signature Of Indiana Funeral Service Licensee: DONALD F. SCIACKITANO, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20900052			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SUBDURAL HEMATOMA WITHOUT LOSS OF CONSCIOUSNESS WITH POST TRAUMATIC SEIZURES Due to (Or As A Consequence Of) B. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____						THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT Approximate Interval: Onset To Death 3 WEEKS JUL 30 2019 LAKE COUNTY HEALTH OFFICER	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. Were Autopsy Finding Available To Complete the Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown if Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): NOT VALID UNLESS	
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321				44. License Number 01031582A		45. Date Certified 07/26/2019	
46. Additional Funeral Service Provider: SCHROEDER-LAUER FUNERAL HOME				47. *Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): JUL 29 2019			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							