UNOFFICIAL COPY

DOCUMENT PREPARED BY:	And the second s
Matthew Snow	
2649 Glinvood FX	*1926057296*
HULLON TW	Doc# 1926057296 Fee \$88.00
MAIL SUBSEQUENT TAX BILLS TO:	RHSP FEE:\$9.00 RPRF FEE: \$1.00 EDWARD M. MOODY
12725 5 Muskegon	COOK COUNTY RECORDER OF DEEDS DATE: 09/17/2019 01:28 PM PG: 1 OF 3
Matthew Stov	
Chicago, IL	
CCRD SPECIAL VOTICE: THIS IS A NON-MAN	DATORY COURTESY FORM, AND IS NOT 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, JR 46, ng died on 1/25/2019
as a resident of	County, Illinois, as owner of the Property Identification Number:
26-30-3	12-014-0000
With the Legal Descrip	tion (n (attach exhibit if more room is needed):
Lot 14 in Nock	4 ford City supplyision nunsins
· · · · · · · · · · · · · · · · · · ·	F block, 5 to R Cexcept the south
) In subdivision of the northerry
	of section 30, townson J7 north, Angel 1
~	and Common Address Of:
12125 5 Mask	egon Chicaso the Gob 33
_	ho is now deceased) recorded a Transfer on Decin Instrument (TODI) on
3/29/2014 as Document Number:	100 00 00 000
	referenced above with the stated percentage/share of said property:
NAME:	ADDRESS: SHARE:
	44 Glenwood 52 100 86
100	
611.02	

This FORM is Compliments of:



1926057296 Page: 2 of 3

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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)

Death Instrument, this <u>26</u>	(day) of _	adgust	(month), <u>2</u> 9	/ of (yea
В	Beneficiary Na	ıme & Signature S	Section:	
Matthew Show	e e		Print Beneficiary Name A	Nove
Beneficiary Signature Above	<u> </u>		Beneficiary Signature A	bove
Print Beneficiary Na no Abov	re		Print Beneficiary Name A	Above
Beneficiary Signature Above	· Co	· · · · · · · · · · · · · · · · · · ·	Beneficiary Signature A	bove
Print Beneficiary Name Abov	ve	Collination	Print Beneficiary Name	Above
Beneficiary Signature Above	'e	7 77	Beneficiary Signature A	Above
	Notar	ry Public Section:	0	
STATE OF ILLINOIS SS			10/4/5	
I, the undersigned, a Notary Public in a	ind for the State	aforesaid, DO HEF	REBY CERTIFY THAT	\$ <u>.</u>
Matthew Snow List the Name(s) of AL	L Beneficiary(ie	es) who appeared pe	ersonally before you ABOV	ECO
personally known to me to be the same instrument, appeared before me this da	e person or pers ay in person and	sons whose name o d swore on oath to t	r names are subscribed to the above foregoing affidavi	the foregoing it.
Signed and sworn to before me this	<u> کان (</u> da	iv) of <u>August</u>	(month), <u>201</u> 9	(year).
Signature of Notary Above	 		DEFICIAL SEAL STAMP	HERE
Delsorah L. Lucia Print Name of Notary Above		NOTARY PL	JBLIC, STATE OF ILLINOIS SION EXPIRES JULY 11, 2020	}
This FORM is	FD	WARD	M. MOODY	<u></u>

COOK COUNTY RECORDER OF DEEDS

Compliments of:

of 2

1926057296 Page: 3 of 3

INDIANA STATE DEPARTMENT OF HEALTH

/ Tracking No. 203120

Local No 902			EDR No U			<u> </u>				<u> </u>		
Decedent's Legal Name (First, Middle, Last)	y		1a. Maid	den Name	(If female)		2. Sex	. 3	Time Of	Death	4 Date Of E	Death (Month/Day/Year)
J B'AKINS				٠.		-	· MAL	.E .	05:0	0 PM	l 0.	7/25/2019
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 M	onth 6d Under	1 Day	6e. Under 1 Hour	17. Date	of Birth (Mon	th/Day/Year) 8 Bi	rthplace (City	and State or F	oreign Country)
415-70-5591 75	Months	Days	Hours		Minutes	1	04/10/19	NA '	Vo	NORE. 1	TN .	
	th Occurred in A Hos	J			10a. If Death Occu	Irred Som						7.1
					Hospice Facility	/ 📮 c	Decedent's Hon	ne 🗌 N	ursing Ho	me/Long-term	Care Facility	
	ent - Emergency C	Department Outpa	itient Dead of	n Arrivai ·	. Other (Specify)				<u>.</u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
11: Facility Name (If Not Institution, Give Street WILLIAM J. RILEY MEMORIAL		E HOSDICI	F · ·								•	•
12. City Or Town, State, And Zip Code	L RESIDENCE	E, HOSFICI	<u> </u>		- 13. County (Of Death			14	4. Marital Stat	tus At Time Of	Death
an a	- · · · · ·		***	.' .			1		. [Married 🔲	Married, But	Separated Divorced
MUNSTER, IN, 46321					LAKE			· ·		☑ Widowed		Married Unknown
15. Surviving Spouse's Name			15a. Last Name	Before Firs	t Marnage	,	16. Decede	int's Usual C	occupation	n	17. Kind Of	Business/Industry
				•			- MECHAI	NIC.			AUTOMO	TIME :
18. Residence - State	18a.	County	1	-	18b. City Or To	wn .	<u> INECHAI</u>	VIC -			AUTONIC) VE
			1.					-				- · · · ·
ILLINOIS	<u> </u>	OK '			CHICAGO			451.4		1 40- 70-	3.4.	40/ 4-04-1
.18c. Street And Number		, i i .					- 1	. 18d Apt	NO	_ 18eZip (- 000 - I	18f. Inside City Limits?
12725 MUSKEGON AVENUE			• • •		-			· - ,	÷ ,,	606	333	- ☑ Yes. ☐ No
19: Decedent's Education '	1 7 720	Decedent Of H	lispanic Origin		21. [Decedent:	s Race -			•	, , , , , , , , , , , , , , , , , , ,	
				•					• • •	• •		
9TH - 12TH GRADE, NO DIPL 22 Parent's Name (First, Middle, Last)	OMA IN	OT HISPAN	VIC .	· ·	White 23. Parent's Name (dle Lest	•		23a Ps	rent's I set Na	me Before First Marriage
22. Parettis Name (First, Middle, Last)					ES. Parein a Haine (1 11 31, 141121		,		. 230 11	1	:
J R AKINS	• •			· ·	MARIE AKIN	s ·				DEVI	NE	
24. Informant's Name		24a Relations	F.p To Decedent	- 1	24b. Mailing Addres	s (Street	And Number, (City, State, 2	Zip Code)			-
JEANA SNOW	•	DAUGHTI	FR	وا	644 GLENV	/ÓOD	STREET	HIGHI	AND	IN 46322		
71 21	- P.S	15.1001111			Of Disposition			- 1		-		-
25a, Method Of Disposition		ace Of Disposition	Name (f Ce ne	etery, Crem	natory, Other Place)	25c. l	ocation - City,	Town, And	State	7 1		-
Burial Cremation Donation Er	ntombment	,)/`				٠.		-		
Removal From State Other (Specify):	LAKE	VIEW CEM	/FTFRY	7	•	IFN	IOIR CITY	/ TN				
	Name And Complet			-		1		-			27a. Funera	I Home License Number:
☐ Yes ☒ No				•								
	MWOOD CH	APEL LTD,	11300 W 9	<u>7TH L</u>	<u>N, SAPIT JO</u>	HN, IN					FH1990	0052
27b. Signature Of Indiana Funeral Service Lice DONALD F. SCIACKITANO . E		NIC SIGNA	TURE		4/				ຶ່ງ52	Of Licensee);	MAGNET SERVE, IT SAME	
DONÁLD F. SCIACKITANO , E	BY ELECTRO		Cause Of Dea		nstructions And		F[209000	Ĵ52	THIS IS A	TRUE C	OP Approximate
DONALD F. SCIACKITANO, E	BY ELECTRO Diseases, Ínjuries, O	Or Complications	Cause Of Dea s - That Directly	Caused T	he Death. Do Not	inte. Te	F[es) rminal Events	209000	Ĵ52	THIS IS A	TRUE C	OP'Approximate Winterval, Onset
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