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Doc# 2023828103 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/25/2020 12:47 PM PG: 1 OF 3

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:

Lyndel K. Armstrong, Attorney
Lyndel K. Armstrong, Ltd.
2409 E. Washington St., Suite C
Bloomington, IL 61704
(309) 661-0660

SEND SUBSEQUENT TAX BILL TO:

Israel & Pamela Gonzalez
1112 Fell Ave.
Bloomington, IL 61701

----- SPACE ABOVE RESERVED FOR RECORDER -----

Pursuant to Sec. 755 ILCS 27/75, Sec. 75, Notice of Death Affidavit, the undersigned beneficiaries, having being duly sworn under oath, do state as follows:

That, **ERZSEBET BALOGH**, died on July 11, 2020, a resident of McLean County, State of Illinois, owning residential real estate legally described below:

Lot 25 in the subdivision of Lots 25 to 48 inclusive in Block 10 in the Subdivision of Blocks 1 to 31 inclusive of W.B. Walker's Addition to Chicago, in the Southwest ¼ of Section 14, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

That the street address of the residential real estate is 4200 North Monticello Ave, Chicago, Illinois 60618-2014, and the property identification number is PIN 13-14-315-040-0000

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument dated December 27, 2019 and recorded as Document No. 2002110166 on January 21, 2020, in the Office of the Cook County Recorder of Deeds, Cook County, Illinois, naming the following beneficiaries as the successive owners of the property referenced above with the stated percentage/share of said property.

That the undersigned whose names and addresses appear below are all the beneficiaries entitled to receive under the Transfer on Death Instrument:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARE</u>
PAMELA GONZALEZ	1112 Fell Ave., Bloomington, IL 61701	50%
ISRAEL ANGEL GONZALEZ, JR.	1112 Fell Ave., Bloomington, IL 61701	50%

Handwritten signature and initials on the right margin.

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In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument this 30 day of July, 2020.

Pamela Gonzalez
PAMELA GONZALEZ

Israel Angel Gonzalez Jr.
ISRAEL ANGEL GONZALEZ, JR.

STATE OF ILLINOIS)
) SS.
COUNTY OF MCLEAN)

I, the undersigned, a Notary Public in and for said County, in the state aforesaid, DO HEREBY CERTIFY that **Pamela Gonzalez and Israel Angel Gonzalez, Jr.**, personally known to me to be the same person(s) whose names are subscribed to the foregoing instrument, appeared before me this day in person, and swore on oath to the above foregoing affidavit, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 30 day of July, 2020.

Kathleen A. Spicer
Notary Public - Kathleen A. Spicer

My commission expires on July 16, 2021.



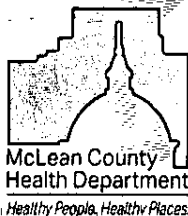
CERTIFICATE OF DEATH RECORD

MCLEAN COUNTY HEALTH DEPARTMENT BLOOMINGTON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 7/14/2020

STATE FILE NUMBER 2020 0065422

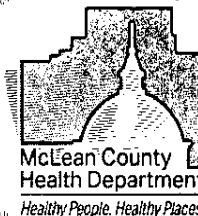
DECEDENT'S LEGAL NAME ERZSEBET BALOGH		SEX FEMALE	DATE OF DEATH JULY 11, 2020	
COUNTY OF DEATH MCLEAN	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH MARCH 25, 1928		
CITY OR TOWN NORMAL	HOSPITAL OR OTHER INSTITUTION NAME LOFT REHAB & NURSING OF NORMAL			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE HUNGARY	SOCIAL SECURITY NUMBER 334-42-6132	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1112 FELL AVE	APT. NO.	CITY OR TOWN BLOOMINGTON	INSIDE CITY LIMITS? YES	
COUNTY MCLEAN	STATE IL	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN	
INFORMANT'S NAME PAMELA GONZALEZ	RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 1112 FELL AVE, BLOOMINGTON, IL, 61701		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CALVERT CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE BLOOMINGTON, IL	DATE OF DISPOSITION JULY 14, 2020	
FUNERAL HOME CALVERT AND METZLER MEMORIAL HOMES, 1115 E WASHINGTON ST, BLOOMINGTON, IL 61701				
FUNERAL DIRECTOR'S NAME GARY JEWETT		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014428		
LOCAL REGISTRAR'S NAME JESSICA MCKNIGHT		DATE FILED WITH LOCAL REGISTRAR JULY 14, 2020		
CAUSE OF DEATH PART I. SEPSIS				WEEKS
IMMEDIATE CAUSE (Final disease or condition resulting in death)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a. Due to (or as a consequence of):				
b. Due to (or as a consequence of):				
c. 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. CONGESTIVE HEART FAILURE, DIABETES MELLITUS 2			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 09, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 02:02 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 13, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR STEVEN INGALSBIE, 385 SOUTH ORANGE ST, EL PASO, ILLINOIS, 61738			PHYSICIAN'S LICENSE NUMBER 036-039183	



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.

[Signature]

Signature - McLean County Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE