	A STATE OF THE PARTY OF THE PAR
DOCUMENT PREPARED BY	
CALBERT KHOSROWABANI	*2101222018*)oc# 2101222018 Fee \$88.00
357 MILLWOOD DRIVE	
_	HSP FEE:\$9.00 RPRF FEE: \$1.00 AREN A. YARBROUGH
BARTLETT, IL GO 103 MAIL SUBSEQUENT TAX BILLS TO:	COOK COUNTY CLERK
GILBERT MHOSLOWABANI	HATE: 01/12/2021 11:51 AM PG: 1 OF 5
357 MILLWARD BRIVE	
BARTLETT, IL 60103	COURTESY FORM, AND IS NOT LEGAL ADVICE IN ANYWAY!
	CE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED
•	th affidavit, the undersigned beneficiary/beneficiaries, having been sat, $\frac{SAYREHF}{LHosRowAB}$ died on $\frac{12}{27}$
	· · · · · · · · · · · · · · · · · · ·
as a resident of	County, Illinois, as owner of the Property Identification Number:
07-27-42	2-020-1063
With the Legal Description 2	of (attach exhibit if more room is needed):
	4
	C
And Co	ommon Address Of:
	HDA SCHAUMBURG, IL 60193
·	now deceased) recorded a Transfer on Death Instrument (TODI) or
	naming the following beneficiary/beneficiaries
	nced above with the stated percentage/share of said property:
NAME:	ADDRESS: SHARE:
GILBERT KHOSPOWABAD) 357 MILL	
TANINE KHASPOWABADI 1/83 HIALEAR	HLW. HAMONER PAKK IL 60/38 50%
26-34 PMDH	
Columbia Att. 1994	
and the state of t	
This form is KA	REN A. YARBROUGH
compliments of:	COOK COUNTY CLERK of 2

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COOK COUNTY CLERK NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED
, PAGE 2 OF 2 (COURTESY FORM)

n witness whereof, the undersigned beneficiarion Death Instrument, this $\frac{\mathcal{L} \mathcal{L}}{\mathcal{L}}$ (JANUARY			(year)
Benef	iciary Na	ame & Signature Sec	tion:		
Print Beneficiary Name Above	01		rint Beneficiary Na		
Beneuriary Signature Above	<u>-'</u>	<u>UM</u>	Beneficiary Signatu	JLJL' ure Above	<u> </u>
Print Beneficiary Name Above		P	rint Beneficiary Na	me Above	
Beneficiary Signature Above	0		Beneficiary Signati	ure Above	
Print Beneficiary Name Above	<u> </u>	C _O ,	rint Beneficiary Na	ime Above	
Beneficiary Signature Above		7/2	Beneficiary Signatu	ure Above	
	Notar	y Public Section:			
STATE OF ILLINOIS COUNTY OF SS			OH'S		
I, the undersigned, a Notary Public in and for	the State	aforesaid, DO HEREBY	CERTIFY THAT) X.	
Gilbert Khosrowalo		-1 -	ally before you AE		badi
personally known to me to be the same personal instrument, appeared before me this day in personal to the same per	erson and	swore on oath to the al			
Signed and sworn to before me this	~ (day 	n) of January	(month),	<u>)</u> (year).	
Signature of Notary Above	- -		FFICIAL SEAL" KY S KAPOURANI Public State of Illinoision Expires January 2		
Print Name of Notary Above	- į	-م.حـمـمـمـم) 			<u> </u>
This form is	KA	REN A. YAI	RBROUG	H	Page
compliments of:	COOK	COUNTY RECO	RDER OF DE	EDS	— of

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TEL 312.603.5645 FAX 312.603.4707 WEB cookcountyclerk.com

I CERTIFY THAT, ACCORDING TO THE RECORDS HELD BY THE COOK COUNTY CLERK'S OFFICE, THE TAX PARCEL WHICH IS KNOWN BY THE PERMANENT REAL ESTATE INDEX NUMBER (PIN) OF:

07 - 27 - 102 - 020 - 1063

CORRESPONDS TO THE FOLLOWING LEGAL DESCRIPTION:

UNIT 721-A TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE LAKEWOOD CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 0402918039, AND ANY ASSOCIATED AMENDMENTS AS RECORDED, LYING IN SECTION 27 TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



COOK COUNTY CLERK

				CHIC	AGO, ILI	LINOIS	
			MEDIC	AL CE	RTIFICA	TE OF	DEATH

STATE FILE NUMBER 2020 012	20401					DATE ISSUED	1/5/2021
DECEDENT'S LEGAL NAME SAYREH F KHOSROWAE	IADI .				and the second of the second o	E OF DEATH CEMBER 27, 2020	
COOK	5 S (1986) 1 S (1987) 1 S (1987)	YEARS		DATE OF BIRTH JUNE 11,			
CITY OR TOWN ELK GROVE VILLAGE		t de la companya de l	OSPITAL OR OTHER ALEXIAN BROT	15 (5)			
PLACE OF DEATH INPATIENT		1997 1983年 経過。 1997	(章) 1550 1553a (55)		16 m		
BIRTHPLACE IRAN	SOCIAL SECURITY NUME 322-68-2874	ER STATUS AT TIME O	OF DEATH SA	JRVIVING SPOUSE/CIV	IL UNION PARTNER'S M	AIDEN NAME EVER IN U.S FORCES?	
RESIDENCE		APT NO	The state of the s	R TOWN		INSIDE CITY LE	MITS7
COUNTY STAT		CO PARENTS NAME PRIO SEP AMIR	R TO FIRST MARRIAGE/C	Carrier Cathair 1	HER/CO PARENT'S NAM NAJAN HOVAS	E PRIOR TO FIRST MARRIAGE/ SINE	DIVILUNION
INFORMANT'S NAME GILBERT KHOSROWABA		RELATIONSHIP SON		AILING ADDRESS 357 MILLWOO	D DRIVE, BART	LETT, IL, 60103	
METHOD OF DISPOSITION BURIAL	LAC OF DE	SPOSITION OD MEMORIAL PA	10 PM	4.5	TOWN AND STATE	DATE OF DISPOSITION DECEMBER 31; 2	
FUNERAL HOME CHRISTIAN FUNERAL HO	OME, 3100 WEST R	ハラ PARK ROAD	, CHICAGO, IL, I	30618			
FUNERAL DIRECTOR'S NAME MATHIEU PATRICK BALE			##. E.		NERAL DIRECTOR'S 034016440	ILLINOIS LICENSE NUMBEI	· 漢
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				40 E. C	TE FILED WITH LOC JANUARY 4, 202		
CAUSE OF DEATH PART I. IMMEDIATE CAUSE	METASTATIC ESOPI	IAGEAL CANCEP				A XIS AT	ONTHS
(Final disease or condition resulting in death)		Due to (or as	a Unisequence of			VAL BETT	
		Due to (or as	a consequence of			ONSE	
PART II. Enter other significant cond	litions contributing to dea		a consequence of): underlying cause give		WAS AN AL	TOPSY PERFORMED? N	D TOTAL
						OPSY FINDINGS USED TO CAUSE OF DEATH? N/A	
PEMALE PREGNANCY STATUS NOT APPLICABLE					WINNER O		
DATE OF INJURY	TIME OF	基 登 图	LACE OF INJURY			INJURYAT	
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRE					F. F.	TRANSP IR ATION INJURY	SPECIFY:
	ATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EX CORONER CONTA		DATE PRON	OUNCED	TIME OF DEA 09 45 PM	
CERTIFIER PHYSICIAN					D/	TE CERTIFIED JANUARY 04, 2021	
NAME ADDRESS AND ZIP CODE OF KEVIN P. MCKIAN, 800 BI			VE VILLAGE, ILI	INOIS, 60007		PHYSICIAN'S LICENSE NU 036127475	
			(18) (18) (18) (18) (18) (18) (18) (18)	\$. &:)		a aa Lb∪t	<u>'で ひ</u> '



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



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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:

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