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Doc#: 2113001110 Fee: \$98.00

Karen A. Yarbrough

Cook County Clerk

Date: 05/10/2021 11:40 AM Pg: 1 of 3

Notice of Death Affidavit and Acceptance of Transfer on Death Instrument

NOTICE: This Notice of Death Affidavit and Acceptance form or equivalent form must be recorded by the beneficiary after the death of the owner to make the transfer on death instrument effective. You should consult a lawyer before using this form.

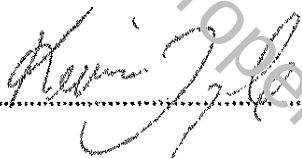
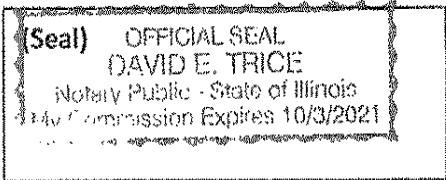
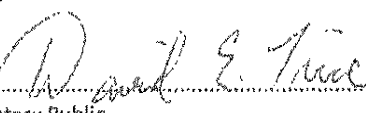
PREPARED BY AND RETURN TO: DAVID E. TRICE, ATTORNEY AT LAW 9723 S. WESTERN AVE. CHICAGO, IL 60643	SEND SUBSEQUENT TAX BILL TO: KEVIN DRUMGOOLE 7737 S. CLYDE AVE CHICAGO, IL 60649
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The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

1. That, **PATRICIA LOVE**, died on **FEBRUARY 05, 2021**, a resident of **COOK COUNTY, IL** owning residential real estate legally described below:
 - a. **THE NORTH 12 FEET OF LOT 26 AND LOT 27 (EXCEPT THE NORTH 4 FEET THEREOF) IN BLOCK 2 IN ARNOLD'S SUBDIVISION OF BLOCK 5 (EXCEPT RAILROAD) IN CAROLIN'S SUBDIVISION OF THE WEST ½ OF THE SOUTHEAST ¼ OF SECTION 25, TOWNSHIP 22 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**
2. That the street address of the residential real estate is:
 - a. **7737 S. CLYDE AVE, CHICAGO, IL 60649**
3. That the property identification number is: **20-25-418-010-0000**
4. That the Transfer on Death Instrument is dated: **2/4/2016**
5. That in the Office of the Recorder for **COOK COUNTY, Illinois** the recorded Document No is **1603646032**.
6. That the undersigned whose names and addresses appear below are all beneficiaries entitled to receive under the Transfer on Death Instrument:

Beneficiary Name	Address	% Share (Must Total 100%)
KEVIN DRUMGOOLE	7737 S. CLYDE AVE, CHICAGO, IL 60649	100%

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Notice of Death Affidavit and Acceptance of Transfer on Death Instrument	
Statement of Beneficiaries By signing below on the appropriate line above his or her printed name, in witness whereof, the respective undersigned beneficiary hereby accepts the transfer of residential real estate under the applicable transfer on death instrument on the date of signing indicated by the beneficiary.	Statement of Notary Public I, the undersigned, a Notary Public in and for the State indicated, DO HEREBY CERTIFY THAT the specified beneficiary personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me on the date indicated, in person, and swore on oath to the above foregoing affidavit.
BENEFICIARY On oath, I certify on this 16 TH day of April, 2021, to the truthfulness of the foregoing affidavit. X  Beneficiary's Name: KEVIN DRUMGOOLE	STATE OF IL, COUNTY OF COOK  Beneficiary's Name: KEVIN DRUMGOOLE Signed and sworn to before me this 16 TH day of April, 2021 X  Notary Public

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 270678

Local No 000868

EDR No 000011066991

State No 2021-012830

1. Decedent's Legal Name (First, Middle, Last) Patricia A. Love				1a. Maiden Name (if female) Love		2. Gender Female		3. Time Of Death 04:54 AM		4. Date Of Death (Month/Day/Year) 02/05/2021	
5. Social Security Number ***-**-****		6a. Age - Yrs 68		6b. Under 1 Year Months Days		6c. Under 1 Month Hours Minutes		7. Date of Birth (Month/Day/Year) 04/22/1952		8. Birthplace (City and State or Foreign Country) Chicago, Illinois	
9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown		10. If Death Occurred in A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Community Hospital Munster											
12. City Or Town, State, And Zip Code Munster, Indiana, 46321						13. County Of Death Lake		14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☒ Divorced ☐ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Social Worker		17. Kind Of Business/Industry Department of Aid	
18. Residence - State IL		18a. County Cook		18b. City Or Town Lansing		18c. Apt. No. 402		18d. Zip Code 60438		18e. Inside City Limits? ☒ Yes ☐ No	
19. Street And Number 3680 186th Street		20. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)		20a. Decedent Of Hispanic Origin ☐ Not Hispanic/Latino ☐ Hispanic/Latino		21. Decedent's Race Black or African American					
22. Parent's Name (First, Middle, Last) Noble Love				23. Parent's Name (First, Middle, Last) Georgia Harshaw				23a. Parent's Last Name Before First Marriage Drain			
24. Informant's Name Gail Jackson		24a. Relationship To Decedent Sister		24b. Mailing Address (Street And Number, City, State, Zip Code) 18560 Escanaba Court, Lansing, IL, 60438							
25. Place Of Disposition											
25a. Method Of Disposition ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) The Lakes Crematory				25c. Location - City, Town, And State Lake Villa, IL					
26. Was Coroner Contacted? ☐ Yes ☒ No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home Inc-Hammond 5640 Hohman Ave, Hammond, Indiana 46321						27a. Funeral Home License Number: FH83002619			
27b. Signature Of Indiana Funeral Service Licensed: Brian T. Burns						27c. License Number (Of Licensee): PD8601763					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Prior 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. METASTATIC BREAST CANCER Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. UNKNOWN											
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? ☐ Yes ☒ No											
30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☒ No											
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown		32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year				33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ 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? ☐ Yes ☒ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)					
41. Signature Of Person Certifying Cause Of Death: Karim Al Sabek						42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Karim Al Sabek 9696 Gordon Dr, Highland Park, IL 60038			
44. License Number: 01079498A						45. Date Certified: 02/22/2021					
46. Additional Funeral Service Provider:						47. Date Filed (Month/Day/Year): 03/09/2021					
48. Signature of Local Health Officer: Chandana Vavilala						49. For Registrar Only - Date Filed (Month/Day/Year):					

LAKE COUNTY HEALTH OFFICER