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:	SEND SUBSEQUENT TAX BILL TO:
DAVID E. TRICE, ATTORNEY AT LAW **9723 S. WESTERN AVE.** **CHICAGO, IL 60643**	**KEVIN DRUMGOOLE** **7737 S. CLYDE AVE** **CHICAGO, IL 60649**

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 39 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%**

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.

BENEFICIARY

On oath, I certify on this 16TH day of April, 2021, to the truthfulness of the foregoing affidavit.

X .....

Beneficiary's Name: **KEVIN DRUMGOOLE**

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.

STATE OF IL, COUNTY OF COOK

(Seal) OFFICIAL SEAL
DAVID E. TRICE
Notary Public - State of Illinois
My Commission Expires 10/3/2021

Beneficiary's Name: **KEVIN DRUMGOOLE**

Signed and sworn to before me this **16TH day of April, 2021**

X .....

Notary Public

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)	1a. Maiden Name (If female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Patricia A. Love	Love	Female	04:54 AM	02/05/2021

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	68					04/22/1952	Chicago, Illinois

9. Ever in U.S. Armed Forces?	10. If Death Occurred In A Hospital:	10a. If Death Occurred Somewhere Other Than A Hospital
☒ Yes ☐ No ☐ Unknown	☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival	☐ 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	13. County Of Death	14. Marital Status At Time Of Death
Munster, Indiana, 46321	Lake	☐ 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	17. Kind Of Business/Industry
		Social Worker	Department of Aid

18. Residence - State	18a. County	18b. City Or Town
IL	Cook	Lansing

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
3680 188th Street	402	60438	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
Bachelor's degree (e.g. BA, AB, BS)	Not Spanish/Hispanic/Latino	Black or African American

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Noble Love	Georgia Harshaw	Drain

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Gail Jackson	Sister	18560 Escanaba Court, Lansing, IL, 60438

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	The Lakes Crematory	Lake Villa, IL

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☐ No	Burns-Kish Funeral Home Inc-Hammond 5840 Hohman Ave, Hammond, Indiana, 46321	FH83002619

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
Brian T. Burns Electronically Signed	FD8601783

Cause Of Death (See Instructions And Examples)

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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. METASTATIC BREAST CANCER	UNKNOWN
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.	
	C.	
	D.	

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 Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ 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	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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)

NOT VALID UNLESS

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One):
Karim Al Sabek Electronically Signed	☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
Karim Al Sabek 9696 Gordon Dr, Highland, IN 46322	01079498A	02/22/2021

46. Additional Funeral Service Provider:

47. Alias:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
Chandana Vavilala Electronically Signed	03/09/2021

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

MAR 10 2021

LAKE COUNTY HEALTH OFFICER

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary

RAISED SEAL AFFIXED