



\*2129522022\*

**NOTICE OF DEATH  
AFFIDAVIT AND  
ACCEPTANCE OF  
TRANSFER ON DEATH  
INSTRUMENT**

Doc# 2129522022 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/22/2021 10:46 AM PG: 1 OF 4

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

That Shirley Braverman died on August 23, 2021, a resident of Cook County, Illinois, owning residential real estate legally described below:

Please see attached legal description

That the street address of the residential real estate is 51 Old Oak Drive, #110, Buffalo Grove, IL 60089 and the property identification number is 03-04-300-023-1011.

That the Transfer on Death Instrument is dated November 20, 2020, and recorded as Document No. 2104004006 in the Office of the Cook County Clerk's Recordings Division for Cook County, Illinois.

That the undersigned, whose name(s) and address(es) appear below, are all beneficiaries entitled to receive under the Transfer on Death Instrument:

<u>Name</u>	<u>Address</u>	<u>Share</u>
Michelle Zebos	1916 Garden St., Park Ridge, IL 60068	100%

In witness whereof, the undersigned beneficiary(ies) hereby accept the transfer of residential real estate under the Transfer on Death Instrument this 14 of October, 2021.

Michelle Zebos  
Signature of Beneficiary

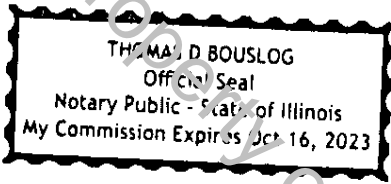
Michelle Zebos  
Name (Print)

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF Cook )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Michelle Zebos, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, 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 official seal, this 14th day of October, 2021.



Thomas D Bouslog (Notary Public)

My commission expires: Oct. 16, 2023

**This document prepared by:**

Thomas D. Bouslog  
1110 W. Lake Cook Rd. #240  
Buffalo Grove, IL 60089

**Mail to:**

Thomas D. Bouslog  
1110 W. Lake Cook Rd. #240  
Buffalo Grove, IL 60089

**Name & Address of Taxpayer:**

Michelle Zebos  
1916 Garden St.  
Park Ridge, IL 60068

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

PARCEL 1: UNIT 110 IN THE OAK CREEK II LUXURY CONDOMINIUM HOMES, AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF LOT 'C' IN BUFFALO GROVE UNIT NO. 7, BEING A SUBDIVISION IN SECTIONS 4 AND 5, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 24764722 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE(S) 43, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 24764722.

COMMONLY KNOWN AS: 51 Old Oak Drive, #110, Buffalo Grove, IL 60089

PARCEL IDENTIFICATION/INDEX NUMBER: 03-04-300-023-1011

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0074726

DATE ISSUED 9/1/2021

DECEDENT'S LEGAL NAME SHIRLEY J BRAVERMAN		SEX FEMALE	DATE OF DEATH AUGUST 23, 2021		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH SEPTEMBER 18, 1928			
CITY OR TOWN BUFFALO GROVE		HOSPITAL OR OTHER INSTITUTION NAME 51 OLD OAK DRIVE #110			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE DETROIT, MI	SOCIAL SECURITY NUMBER 376-24-1823	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 51 OLD OAK DRIVE	APT. NO. 110	CITY OR TOWN BUFFALO GROVE	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60089	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ERIC M. LOWENTHAL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANITA PRAGER	
INFORMANT'S NAME MICHELLE ZEBOS		RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 1916 GARDEN STREET, PARK RIDGE, IL 60068		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION YES LAWN CEMETERY & MAUSOLEUM ASSN. WESTLAWN	LOCATION - CITY OR TOWN AND STATE NORRIDGE, IL	DATE OF DISPOSITION AUGUST 27, 2021		
FUNERAL HOME LAKESHORE JEWISH FUNERALS, 3480 N. LAKE SHORE DRIVE, CHICAGO, IL 60657					
FUNERAL DIRECTOR'S NAME DANIEL G SCHUBRING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011770		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 27, 2021		
CAUSE OF DEATH	PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a				2 WEEKS
	b	Due to (or as a consequence of)			
	c	Due to (or as a consequence of)			
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:00 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 26, 2021		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GORDON, GARY, 800 BIESTERFIELD ROAD, ELK GROVE VILLAGE, ILLINOIS, 60007				PHYSICIAN'S LICENSE NUMBER 036094007 <b>1918231</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.