

2130608 2 of 4  
AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC  
1030 W. HIGGINS RD.  
SUITE 365  
PARK RIDGE, IL 60068

UNOFFICIAL COPY

NOTICE OF DEATH AFFIDAVIT  
AND ACCEPTANCE OF TRANSFER  
ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:  
Jesse K. Myslinski, P.C.  
2176 Gladstone Ct., Ste D  
Glendale Heights, IL 60139

SEND SUBSEQUENT TAX BILL TO:  
William Hein and Richard Zurawski  
2546 Maple Street  
River Grove, IL 60171



Doc# 2132257001 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/18/2021 09:15 AM PG: 1 OF 4

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

That Carol A. Luberda died on August 19, 2021 a resident of Cook County, Illinois, owning residential real estate legally described below:

LOT 12 (EXCEPT THE NORTH 8 FEET THEREOF) AND LOT 13 (EXCEPT THE SOUTH 8 FEET THEREOF) IN BLOCK 2 IN J. BELL'S SUBDIVISION OF PART OF THE SOUTHWEST FRACTIONAL 1/4 OF FRACTIONAL SECTION 26, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 100 FEET LYING BETWEEN OAK AND MAPLE STREETS) ACCORDING TO PLAT OF SAID SUBDIVISION RECORDED JUNE 4, 1890, AS DOCUMENT NUMBER 1281427, IN BOOK 40 OF PLATS, PAGE 47, IN COOK COUNTY, ILLINOIS.

That the street address of the residential real estate is 2546 Maple Street, River Grove, Illinois 60171 and the parcel identification number is:

PIN 12-26-318-052-0000

That the Transfer on Death Instrument is dated March 9, 2021 and recorded as Document No. 2107119010 in the Office of the Recorder for Cook County, Illinois.

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

	Address	
William Hein	1133 Edington Lane, Carol Stream, IL 60188	50% share
Richard Zurawski	857 Merritt S.E. Grand Rapids, MI 49507	50% share





**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS**  
**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER: 2021 0074499

DATE ISSUED: 8/26/2021

DECEDENT'S LEGAL NAME CAROL ANN LUBERDA			SEX: FEMALE	DATE OF DEATH AUGUST 19, 2021																																													
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH JULY 20, 1949																																															
CITY OR TOWN RIVER GROVE		HOSPITAL OR OTHER INSTITUTION NAME 2546 MAPLE ST																																															
PLACE OF DEATH DECEDENT'S HOME																																																	
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER <del>###-##-####</del>	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO																																													
RESIDENCE 2546 MAPLE ST	APT. NO.	CITY OR TOWN RIVER GROVE	INSIDE CITY LIMITS? YES																																														
COUNTY COOK	STATE IL	ZIP CODE 60171	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT HEIN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA SANGER																																													
INFORMANT'S NAME WILLIAM HEIN		RELATIONSHIP BROTHER	MAILING ADDRESS 1133 EDINGTON LN, CAROL STREAM, IL 60188																																														
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CREMATION SERVICES INC	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION AUGUST 26, 2021																																														
FUNERAL HOME CHICAGO LAND CREMATION OPTIONS, 9329 W BYRON ST, SCHILLER PARK, IL 60176																																																	
FUNERAL DIRECTOR'S NAME DOUGLAS KLEIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015701																																														
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 26, 2021																																														
<table border="0"> <tr> <td rowspan="4"> <b>CAUSE OF DEATH</b>                      IMMEDIATE CAUSE                      (Final disease or condition resulting in death)                 </td> <td>PART I</td> <td>ENDOMETRIAL CANCER</td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">                         APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                     </td> </tr> <tr> <td>a</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td>b</td> <td>MULTISYSTEM ORGAN FAILURE</td> </tr> <tr> <td>c</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td colspan="3">                     PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I                 </td> <td>                     WAS AN AUTOPSY PERFORMED? NO                 </td> </tr> <tr> <td colspan="3">                     FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR                 </td> <td>                     WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A                 </td> </tr> <tr> <td>DATE OF INJURY</td> <td>TIME OF INJURY</td> <td>PLACE OF INJURY</td> <td>INJURY AT WORK?</td> </tr> <tr> <td colspan="4">LOCATION OF INJURY</td> </tr> <tr> <td colspan="3">DESCRIBE HOW INJURY OCCURRED:</td> <td>IF TRANSPORTATION INJURY, SPECIFY</td> </tr> <tr> <td>ATTEND THE DECEASED? YES</td> <td>DATE LAST SEEN ALIVE JULY 09, 2021</td> <td>WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO</td> <td>DATE PRONOUNCED</td> <td>TIME OF DEATH 10:10 PM</td> </tr> <tr> <td colspan="3">CERTIFIER PHYSICIAN</td> <td colspan="2">DATE CERTIFIED AUGUST 20, 2021</td> </tr> <tr> <td colspan="3">NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RONALD POTKUL, MD, 2160 FIRST AVE, MAYWOOD, ILLINOIS, 60153</td> <td colspan="2">PHYSICIAN'S LICENSE NUMBER 036029435</td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	ENDOMETRIAL CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a	Due to (or as a consequence of)	b	MULTISYSTEM ORGAN FAILURE	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			WAS AN AUTOPSY PERFORMED? NO	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	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? YES	DATE LAST SEEN ALIVE JULY 09, 2021	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:10 PM	CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 20, 2021		NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RONALD POTKUL, MD, 2160 FIRST AVE, MAYWOOD, ILLINOIS, 60153			PHYSICIAN'S LICENSE NUMBER 036029435	
<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	ENDOMETRIAL CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																																														
	a	Due to (or as a consequence of)																																															
	b	MULTISYSTEM ORGAN FAILURE																																															
	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			WAS AN AUTOPSY PERFORMED? NO																																														
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																																														
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? YES	DATE LAST SEEN ALIVE JULY 09, 2021	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:10 PM																																													
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 20, 2021																																														
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RONALD POTKUL, MD, 2160 FIRST AVE, MAYWOOD, ILLINOIS, 60153			PHYSICIAN'S LICENSE NUMBER 036029435																																														

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



1767702