

# UNOFFICIAL COPY



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Doc# 2236134009 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/27/2022 11:01 AM PG: 1 OF 4

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

Prepared by and return to: Jill Steffey

Send Subsequent tax bill to: 800 Ridge Road, Unit 209, Wilmette, Illinois 60091

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

That Lauren Steffey died on November 3, 2022, a resident of  
Name of Owner Month Day Year  
Cook IL, owning residential real estate legally described below:  
County State

Legal Description (attach exhibit if more room is needed):

### PARCEL 1:

UNIT NUMBER 209 IN THE VILLAGE GREEN ATRIUM SENIOR CITIZENS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 IN VILLAGE OF WILMETTE'S GREEN SUBDIVISION, BEING A SUBDIVISION IN THE NORTHEAST QUARTER OF SECTION 33, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 26845550 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS

### PARCEL 2:

EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN EASEMENT AGREEMENT DATED DECEMBER 1, 1982 AND RECORDED DECEMBER 7, 1982 AS DOCUMENT 26432692 FOR INGRESS AND EGRESS OVER ACROSS SOUTH 4 FEET OF LOT 1 IN THE VILLAGE OF WILMETTE'S VILLAGE GREEN SUBDIVISION BEING A SUBDIVISION IN THE NORTHEAST QUARTER OF SECTION 33, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

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That the street address of the residential real estate is 800 Ridge Road, Unit 209,  
Street Address  
Wilmette, IL 60091 and the property identification number  
City State Zip  
 is 05-33-200-016-1026.  
Property Identification Number (PIN)

That the Transfer on Death Instrument is dated December 28, 2021, and recorded as Document  
Date  
 No. 2200622065 in the Office of the Recorder for Cook County, Illinois.  
Document No. County

Marital status at time of death: Widowed.

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

Name	Address	Share
Jill Steffey	800 Ridge Road, Unit 209, Chicago, IL 60091	\$100.00

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 18<sup>th</sup> of December, 2022.  
Day Month Year

<p><u>Jill Steffey</u>  <small>Signature of Beneficiary</small>  <u>Jill Steffey</u>  <small>Name (Print)</small></p>	<p>_____  <small>Signature of Beneficiary</small>          _____  <small>Name (Print)</small></p>
<p>_____  <small>Signature of Beneficiary</small>          _____  <small>Name (Print)</small></p>	<p>_____  <small>Signature of Beneficiary</small>          _____  <small>Name (Print)</small></p>
<p>_____  <small>Signature of Beneficiary</small>          _____  <small>Name (Print)</small></p>	<p>_____  <small>Signature of Beneficiary</small>          _____  <small>Name (Print)</small></p>

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STATE OF ILLINOIS }  
COUNTY OF Cook } SS

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT  
Jill Steffey

Name(s) of Beneficiary(ies)

Personally known to me to be the same person or persona whose name or names are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.

Signed and sworn to before me this 18<sup>th</sup> of December, 2022.  
Day Month Year

[Signature]  
Signature of Notary

My commission expires: 7/24/23



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 2022 0100158

DATE ISSUED 11/15/2022

DECEDENT'S LEGAL NAME LAUREEN JEAN STEFFEY			SEX FEMALE	DATE OF DEATH NOVEMBER 03, 2022
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH JUNE 08, 1929		
CITY OR TOWN WILMETTE		HOSPITAL OR OTHER INSTITUTION NAME 800 RIDGE ROAD #209		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE EVANSTON, IL	SOCIAL SECURITY NUMBER 345-22-7953	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 800 RIDGE ROAD	APT. NO. 209	CITY OR TOWN WILMETTE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60091	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HENRY HOFFMAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET POWERS
INFORMANT'S NAME JILL STEFFEY	RELATIONSHIP DAUGHTER	MAILING ADDRESS 800 RIDGE ROAD 209, WILMETTE, IL, 60091		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION: CITY OR TOWN AND STATE HOMewood, IL	DATE OF DISPOSITION NOVEMBER 14, 2022	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - MOUNT PROSPECT, 1030 EAST NORTHWEST HIGHWAY, MT. PROSPECT, IL, 60056				
FUNERAL DIRECTOR'S NAME ERIC KLEMUNDT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016394	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 14, 2022	
CAUSE OF DEATH PART I	DEMENTIA			YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	Due to (or as a consequence of):		
	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				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
			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 07:05 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 10, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALAN SMOOKLER, 2180 PFINGSTEN ROAD, GLENVIEW, ILLINOIS, 60026			PHYSICIAN'S LICENSE NUMBER 036070543	

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



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