



Doc# 2306757010 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/08/2023 09:58 AM PG: 1 OF 4

PREPARED BY:

Drost Kivlahan McMahon & O'Connor LLC
11 S. Dunton Avenue
Arlington Heights, IL 60005

MAIL TAX BILL TO:

Diana L. Cooper
4127 N. Yale Avenue
Arlington Heights, IL 60004

MAIL RECORDED DEED TO:

Drost Kivlahan McMahon & O'Connor LLC
11 S. Dunton Avenue
Arlington Heights, IL 60005

**NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE
OF TRANSFER ON DEATH INSTRUMENT
Statutory (Illinois)**

The undersigned beneficiary, being duly sworn on oath, states as follows:

That **LAUNA L. BOWLING** died on November 6, 2021, and **CARL E. BOWLING** died on November 11, 2022, both as residents of Cook County, Illinois, owning residential real estate legally as described as:

LOT 144 IN R. A. CEPEK'S ARLINGTON HIGHLANDS, A SUBDIVISION OF PARTS OF SECTIONS 4 AND 9, TOWNSHIP 41 NORTH, RANGE 11 AND PARTS OF SECTIONS 31 AND 32, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Index Number: **08-09-205-006-0000**

Property Address: **1053 S. Vail Avenue, Arlington Heights, IL 60005**

That the transfer on death instrument is dated October 17, 2012, and recorded October 24, 2012, as document number 1229849018, in the County of Cook, State of 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> |
|------------------------|---|--------------|
| DIANA L. COOPER | 4127 N. Yale Avenue, Arlington Heights, IL 60004 | 100% |

UNOFFICIAL COPY

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

STATE FILE NUMBER 2021 0099695

DATE ISSUED 1/19/2022

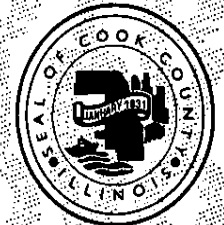
| | | | | |
|--|---|--|---|---|
| DECEDENT'S LEGAL NAME LAUNA LEE BOWLING | | | SEX FEMALE | DATE OF DEATH NOVEMBER 06, 2021 |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 90 YEARS | DATE OF BIRTH JULY 15, 1931 | | |
| CITY OR TOWN PROSPECT HEIGHTS | | HOSPITAL OR OTHER INSTITUTION NAME DIMENSIONS LIVING PROSPECT HTS | | |
| PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY | | | | |
| BIRTHPLACE PICKSHIN, WV | SOCIAL SECURITY NUMBER [REDACTED] | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CARL BOWLING | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 1053 SOUTH VAIL AVENUE | APT. NO. | CITY OR TOWN ARLINGTON HEIGHTS | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60005 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IVAN MEADOWS | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MYRTLE MEADOWS |
| INFORMANT'S NAME CARL BOWLING | | RELATIONSHIP SPOUSE | MAILING ADDRESS 1053 SOUTH VAIL AVENUE, ARLINGTON HEIGHTS, IL, 60005 | |
| METHOD OF DISPOSITION CREMATION | PLACE OF DISPOSITION WIN PINES CREMATORY | LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL | DATE OF DISPOSITION NOVEMBER 10, 2021 | |
| FUNERAL HOME GLUECKERT FUNERAL HOME LTD, 1520 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL, 60004 | | | | |
| FUNERAL DIRECTOR'S NAME MATTHEW JAMES BENNETT | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015755 | |
| LOCAL REGISTRAR'S NAME KAREN A YARBROUGH | | | DATE FILED WITH LOCAL REGISTRAR NOVEMBER 11, 2021 | |
| CAUSE OF DEATH PART I | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | YEARS |
| a. CHRONIC SYSTOLIC HEART FAILURE Due to (or as a consequence of) | | | | YEARS |
| b. CORONARY ATHEROSCLEROSIS Due to (or as a consequence of) | | | | YEARS |
| c. HYPERLIPIDEMIA Due to (or as a consequence of) | | | | YEARS |
| 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 | |
| | | | 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? YES | DATE LAST SEEN ALIVE OCTOBER 08, 2021 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 11:20 AM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED NOVEMBER 08, 2021 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR RUKSANA PAPA, 1700 W CENTRAL ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005 | | | PHYSICIAN'S LICENSE NUMBER 036105541 | |

2054916



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



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0100425


DATE ISSUED 11/16/2022

| | | | | | |
|--|---|---|---|---|--------|
| DECEDENT'S LEGAL NAME CARL E BOWLING | | SEX MALE | DATE OF DEATH NOVEMBER 11, 2022 | | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 93 YEARS | DATE OF BIRTH JANUARY 31, 1929 | | | |
| CITY OR TOWN PROSPECT HEIGHTS | | HOSPITAL OR OTHER INSTITUTION NAME DIMENSIONS LIVING PROSPECT HTS | | | |
| PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY | | | | | |
| BIRTHPLACE PRINCETON, WV | SOCIAL SECURITY NUMBER [REDACTED] | STATUS AT TIME OF DEATH WIDOWED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME | EVER IN U.S. ARMED FORCES? YES | |
| RESIDENCE 1053 S VAIL AVE | APT. NO. | CITY OR TOWN ARLINGTON HEIGHTS | INSIDE CITY LIMITS? YES | | |
| COUNTY COOK | STATE IL | ZIP CODE 60005 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE BOWLING | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAMIE GUNTER | |
| INFORMANT'S NAME DIANA COOPER | RELATIONSHIP DAUGHTER | MAILING ADDRESS 4127 N. YALE AVENUE, ARLINGTON HEIGHTS, IL, 60004 | | | |
| METHOD OF DISPOSITION CREMATION | PLACE OF DISPOSITION W.N PINES CREMATORY | LOCATION: CITY OR TOWN AND STATE EAST DUNDEE, IL | DATE OF DISPOSITION NOVEMBER 14, 2022 | | |
| FUNERAL HOME GLUECKERT FUNERAL HOME LTD, 1520 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL, 60004 | | | | | |
| FUNERAL DIRECTOR'S NAME SAMANTHA ROSE SITTIG | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017291 | | | |
| LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH | | DATE FILED WITH LOCAL REGISTRAR NOVEMBER 14, 2022 | | | |
| CAUSE OF DEATH PART I | | OROPHARYNGEAL DYSPHAGIA | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ <small>Due to (or as a consequence of)</small> | | | MONTHS |
| | | b. HYPERTENSIVE HEART DISEASE <small>Due to (or as a consequence of)</small> | | | YEARS |
| | | c. HYPERLIPIDEMIA <small>Due to (or as a consequence of)</small> | | | YEARS |
| 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 | | |
| | | | 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? YES | DATE LAST SEEN ALIVE NOVEMBER 08, 2022 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 07:59 PM | |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED NOVEMBER 13, 2022 | | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RUKSANA PAPA, 1700W CENTRAL RD, ARLINGTON HEIGHTS, ILLINOIS, 60004 | | | PHYSICIAN'S LICENSE NUMBER 03610561 | | |

2393609



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM