UNOFFICIAL COP

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

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

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

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

That the transfer on death instrument is dated October 17, 2012, and recorded October 14, 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:

Address Share Name DIANA L. COOPER 4127 N. Yale Avenue, Arlington Heights, IL 60004 100%

UNOFFICIAL COPY

In witness whereof, the undersigned beneficiary hereby accepts the transfer of residential real estate under the transfer on death instrument this 7th day of February, 2023.

DIANA L. COOPER

WITNESSES

We, the undersigned witnesses, hereby certify that the above instrument was on the date hereof signed and decoared by Diana L. Cooper in our presences on the date it bears, as her own free and voluntary act. Immediately thereafter, at Diana L. Cooper's request and in her presence and in the presence of each other, we signed our names as witnesses. We certify that we believed Diana L. Cooper to be of sound mind and memory at the time of signing.

	Residir	ng at 15. Dunta	Ave.
Witness	C	Alinga Wo	<u> </u>
Mary Ff w	Residir	0	
Witness	Teconomic	Micros, Ol	60641
STATE OF Illinois))ss	C	
COUNTY OF Cook)	(O/Z.	

I, the undersigned, a Notary Public in and for said County, in the state atoresaid, DO HEREBY CERTIFY that **DIANA L. COOPER**, who is personally known to me or p esented satisfactory evidence of identification to be the same persons whose names are subscribed to the foregoing instrument, appeared before me and the above named witnesses this day in person, and swore an oath to the above foregoing affidavit.

Signed and sworn to before me this 7th day of February, 2023.

ANDREA DIRAIMONDO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/29/2025

Notary Public

Exempt under provisions of Paragraph E, Section 4, Real Estate Transfer Tax Act.

 $\frac{2/7/2023}{\text{Date}}$

Representativ

CERTARICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0	099695								DATEIS	SSUED	1/19/2022
DECEDENT'S LEGAL NAME LAUNA LEE BOWLING							SEX: FEMALE		E OF DEATH OVEMBER (06, 2021	
COUNTY OF DEATH		AGE AT LAS 90 YEA	T BIRTHDAY IRS			DATE OF B					
CITY OR TOWN PROSPECT HEIGHTS				HOSPITAL OR C				rs			
PLACE OF DEATH NURSING HOME /: LONG							- 1835 E.			43) 	明
BIRTHPLACE PICKSHIN, WV	SOCIAL SEC	CURITY NUMBER S	TATUS AT TIME MARRIED	E OF DEATH	2.50	IVING SPOUS IRL: BOW	EXCIVIL UNION	PARTNER'S MA		EVER IN U.S. FORCES? N	
RESIDENCE 1053 SOUTH VAIL AVEN	JE		APT N	10	and Set Pile 15e.	TOWN IGTON H	EIGHTS		5	IDE CITY LIN	IITS?
COUNTY STAT	zip.com 30005	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NOR TO FIRST MARE	RIAGE/CIVI	UNION		MEADO\	PRIOR TO FIRST	MARRIAGE/CI	VIL UNION
INFORMANTS NAME CARL BOWLING		SP	OUSE			ING ADDRE		ARLINGTON	HEIGHTS, IL, 6	30005	
METHOD OF DISPOSITION CREMATION		CLASS OF DISPOSE		RY	100	and the second of	YOR TOWN A	IND STATE	DATE OF DIS)21
FUNERAL HOME GLUECKERT FUNERAL	HOME LTC), 1520 N ABLIN	IGTON HEI	GHTS ROAD,	ARLIN	GTON HI	EIGHTS II	, 60004			
FUNERAL DIRECTOR'S NAME MATTHEW JAMES BENI	NETT						FUNERAL D 034015		LLINOIS LICEN	SE NUMBER	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH								WITH LOCA MBER 11.	L REGISTRAR 2021		
CAUSE OF DEATH PART I	i. CHRONIC	SYSTOLIC HEAR	RT FAILURE						WEEN SATH	YE	ARS
(Final disease or condition resulting in death)	b. CORONA	RY ATHEROSCLE		as a commodificate of		ing Salahan Madalahan		OXIM	INTERVAL BETW	#255 #255 \$000 \$000	
			Due to (or	r as a consequence of				APP	NTERV ONSET	Y.	EARS
	d HYPERLI	PIDEMIA								Ϋ́	EARS
PART II. Enter other significant con	ditions contri	ibuting to death but i		as a consequence of		PARTU		IMAS ANI ALI	TOPSY PERFO		City Sea
								WERE AUTO	PSY FINDINGS	SUSED TO	
FEMALE PREGNANCY STATUS NOT APPLICABLE								WATURA	DEATH		
DATE OF INJURY.		TIME OF INJUR	201 4 201 11	PLACE OF INJUR	₹					INJURY AT \	
LOCATION OF INJURY										## ###################################	
DESCRIBE HOW INJURY OCCURR								IF.T	RANSP IR. T	ION INJURY,	SPECIFY:
ATTEND THE DECEASED? YES	r 417.05	Section 1986 1987 1988 1988	VAS MEDICAL I ORONER CON	EXAMINER OR TACTED? NO		DATE PI	RONOUNCED			IME OF DEA 11:20 AM	**************************************
CERTIFIER PHYSICIAN				· · · · · · · · · · · · · · · · · · ·					TE CERTIFIED NOVEMBER		tre guri Fil
NAME, ADDRESS AND ZIP CODE (and the section of the con-					2 0.0		PHYSICIAN'S L	ICENSE NU	ABER .



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.





CERTIFICATION OF DEATH RECORD

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

연방점 수보여 보고의 관심 그렇게 얼마난 없이	1. 1994년 - 전설상	4.5	No. 25 (1997)	t Badid Adila	40000 44440	\$150 BOTT BOTT	
STATE FILE NUMBER 2022 0100425		1410			10.0	DATE ISSUED	11/16/202

STATE FILE	NUMBER 2022	2 0100425								DATE ISSUED	11/16/2022
	E BOWLING							SEX MALE		F DEATH EMBER 11, 2022	
COUNTY C	F DEATH		10.	YEARS			DATE OF BI	RTH RY 31, 1929			
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	ING HOME / LO				r sk Here.		1997 1981 (1981)	नगर्नुहरू . हर्नेहरू			
BIRTHPLAC PRINC	CE: CETON WV	SOCIAL SE	CURITY NUMB	ER STATUS AT TIM	E OF DEATH	SURVI	IVING SPOUSE	CIVIL UNION PART	NER'S MAIDE	FORCES?	S ARMED YES
RESIDENC	E S VAIL AVE			APT:	10	CITY OR T	TOWN GTON HE	EIGHTS		INSIDE CITY	IMITS?
COUNTY: COOK	- 学校等 - おお (A)	ZIP CO	77.00	NCO PARENTS NAME PO DRGE BOWLING	- 21.5	RRIAGE/CIVIL		MAMIE GUN	1 1 1 1 1 1 1.	OR TO FIRST MARRIAGE	CIVIL UNION
4 4	TSNAME COOPER			RELATIONSHIP DAUGHTER			NG ADDRES	SS /ENUE, ARLINGT	tie telesti	ं यान्त्र । यान्त्र हैं।	
	F DISPOSITION ATION		LAC OF DIS	SPOSITION NES CREMATOR	₹Y	10.0		OR TOWN AND		ATE OF DISPOSITION NOVEMBER 14;	
FUNERAL I		AL HOME LTI	D, 1520 N A	V/I NGTON HE	GHTS ROAL), ARLIN	GTON HE	EIGHTS, IL, 6	0004		
and the second	DIRECTOR'S NAME NTHA ROSE SI	ΓΤΙG						FUNERAL DIREC 034017291	and the fact of the second	IOIS LICENSE NUMB	ER
77 7 7 7	SISTRAR'S NAME N A YARBROUG	3н						NOVEMBE	45.4	and the contract of the contra	
CAUSE O	F DEATH PAR	RTI OROPH/ a.	ARYNGEAL D	YSPHAGIA					VTE WEED		MONTHS
(Final disea	ase or condition death)	ь HYPERT	ENSIVE HEA	\$50.00 pt 100.00	ras a consequence	of)	W		ROXIM/		VE AGE
				Due to (o	r as a consequence	of).			APPINTERV	<mark>#</mark> 환역 경험 주	YEARS
		c HYPERL	IPIDEMIA						144.5 145.5 145.5		YEARS
PART II En	iter other significant	conditions conti	ributing to deat	Due to (a	r as a consequence the underlying ca		PART	-WAS	S AN AUTOP	SY PERFORMED? N	10
										FINDINGS USED TO	
	REGNANCY STATUS	A000.00					Ville in		NER OF DE	ATH	
DATE OF II	NJURY			INJURY	PLACE OF INJU	URY				INJURYA	T WORK?
LOCATION	OF INJURY										
DESCRIBE	HOW INJURY OCCU	JRRED:				A A A A A A A A A A A A A A A A A A A			IF TRAN	ISPCRI TION INJUR	Y SPECIFY
ATTEND TH	HE DECEASED?	DATE LAST S NOVEM	EEN ALIVE BER 08, 202	WAS MEDICAL CORONER CON		o	DATE PR	ONOUNCED		TIME OF DE 07.59 F	
CERTIFIER PHYSI	CIAN									ERTIFIED VEMBER 13, 20	22
	ORESS AND ZIP COC ANA PAPA, 170			AUSE OF DEATH	rs, illinois	, 60004	4			/SICIAN'S LICENSE N	



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

