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2318057017

Doc# 2318057017 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/29/2023 12:13 PM PG: 1 OF 4

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT

(ILLINOIS TRANSFER
ON DEATH INSTRUMENT)

STATE OF ILLINOIS
COUNTY OF COOK

DATE: MAY 1, 2023

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

That Roberta Frances Adams died on November 2, 2022, a resident of Cook County, Illinois, owning residential real estate legally described below:

LOTS 28 AND 29 IN BLOCK 2 IN CALUMET CITY SUBDIVISION OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the street address of the residential real estate is 439 Calhoun Avenue, Calumet City, IL 60409-2313 and the property identification numbers (PINs) are 29-12-230-004-0000 and 29-12-230-005-0000.

That the Transfer on Death Instrument is dated November 1, 2016, and recorded as Document No. 1713942010 in the Office of the Recorder for Cook County, Illinois.

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

Name	Address	Share
Michael J. Adams	242 68 th Place, Schererville, IN 46375	1/2
Keith M. Adams	439 Calhoun Avenue, Calumet City, IL 60409	1/2
Craig M. Adams	Non-Applicable	Deceased

That one of the beneficiaries, specifically, Craig M. Adams, did not survive the owner. Craig M. Adams died on June 5, 2019.

That pursuant to the Transfer on Death Instrument, in the event that a Primary Beneficiary does not survive the Owner, then the deceased beneficiary transfer interest shall pass in equal shares to the Primary Beneficiaries that survive the Owner.

That the beneficiary interest shall pass in equal shares to Michael J. Adams and Keith M. Adams.

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In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 1ST (Day) of May (Month), 2023 (Year).

Michael J. Adams
Signature of Beneficiary

Michael J. Adams
Name (Print)

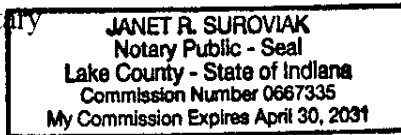
STATE OF Indiana

COUNTY OF LAKE

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT Michael J. Adams personally known to me to be the same person whose name is 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 1st (Day) of May (Month), 2023 (Year).

Janet R. Suroviak
Signature of Notary



My commission expires: _____

Property of Cook County Clerk's Office

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In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 31 (Day) of may (Month), 2023 (Year).

Keith Adams

Signature of Beneficiary

Keith Adams

Name (Print)

STATE OF Indiana

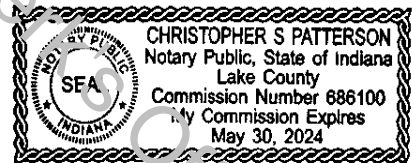
COUNTY OF Lake

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

THAT Keith Adams personally known to me to be the same person whose name is 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 31 (Day) of MAY (Month), 2023 (Year).

Christopher S Patterson
Signature of Notary



My commission expires: MAY, 30 2024

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0047354 MEDICAL EXAMINER'S CASE NUMBER ME2019-02583 DATE ISSUED 6/25/2019

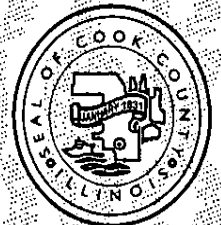
DECEDENT'S LEGAL NAME CRAIG M ADAMS		SEX MALE	DATE OF DEATH JUNE 05, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 49 YEARS	DATE OF BIRTH NOVEMBER 02, 1969		
CITY OR TOWN CALUMET CITY		HOSPITAL OR OTHER INSTITUTION NAME 439 CALHOUN		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 439 CALHOUN	APT. NO.	CITY OR TOWN CALUMET CITY	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60409	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARTHUR ADAMS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERTA ADAMS
INFORMANT'S NAME AURELIA DEVAUGHN		RELATIONSHIP INTAKE	MAILING ADDRESS 2121 W HARRISON, CHICAGO, IL, 60612	
METHOD OF DISPOSITION CREMATION	PLACES OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JUNE 24, 2019	
FUNERAL HOME CASTLE HILL FUNERAL HOME, 248 155TH PLACE, CALUMET CITY, IL, 60409				
FUNERAL DIRECTOR'S NAME CHRISTOPHER CHARLES CHELBANA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015299	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JUNE 13, 2019	
CAUSE OF DEATH PART I: PENDING INVESTIGATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death):		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.		
		c.		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH PENDING INVESTIGATION	
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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JUNE 05, 2019	TIME OF DEATH 11:58 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JUNE 13, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 1013941	

Record Amended on: 6/24/2019



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



IF WORDS VOID APPEAR WHEN PHOTOCOPIED

NOT REPRODUCIBLE AT ANY COUNTY SEALS BOTTOM