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DOCUMENT PREPARED BY:

DAVID L. CWIK
6968 W. NORTH AVE.
CHICAGO, IL 60707



Doc# 2332057000 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/16/2023 09:33 AM PG: 1 OF 4

SEND TAX BILLS TO:

CLAUDIA MOONEY
6401 W. BERTEAU, UNIT 8-303
CHICAGO, IL 60634

**NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT
(TODI) DEED**

Pursuant to Sec. 755 ILCS 27/75. Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn under oath, do state the following. That JOHN J. MOONEY died March 7, 2023 as a resident of Chicago, Cook County, Illinois, as owner of the Property Identification Number: **13-18-409-069-1072**

With the Legal Description of:

SEE EXHIBIT A attached

And a Common Address of:

6401 W. Berteau, Unit 8-303, Chicago, IL 60634.

And furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on June 3, 2021 as Document Number 2115422000 naming the following beneficiary/beneficiaries as the successor owner(s) of the property referenced above with the stated percentages/share of the property:

<u>NAME</u>	<u>ADDRESS</u>	<u>SHARE</u>
CLAUDIA MOONEY	3843 N. SEELEY, CHICAGO, IL 60618	100%

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Notice of Death Affidavit & Acceptance on Death Instrument (TODI) Deed cont'd

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this 14th day of November, 2023.

Beneficiary Name and Signature Section:

x Claudia A. Mooney Beneficiary name

Claudia A. Mooney Beneficiary signature

Notary Public Section

State of Illinois, County of Cook)

I, the undersigned, a Notary in and for the State of Illinois, DO HEREBY CERTIFY THAT

CLAUDIA MOONEY 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 14th day of November, 2023.

David Cwik Signature of Notary above

DAVID CWIK Print name of Notary above

(seal)



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EXHIBIT A – LEGAL DESCRIPTION

UNIT 8-303 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE GLENLAKE CONDOMINIUM NUMBER 1 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 96242966 AND AS AMENDED FROM TIME TO TIME, IN THE SOUTH FRACTIONAL HALF OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Numbers: 13-18-409-069-1072

Address of Real Estate: 6401 W. Berteau, Unit 8-303, Chicago, Illinois 60634.

Property of Cook County Clerk's Office

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 0021449


DATE ISSUED 3/15/2023

DECEDENT'S LEGAL NAME JOHN J. MOONEY			SEX MALE	DATE OF DEATH MARCH 07, 2023	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH MAY 30, 1947		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK		
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 335-40-8992	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CLAUDIA ALUISE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6401 W. BERTEAU AVE		APT. NO. 303	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES MOONEY		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANN WENDT
INFORMANT'S NAME CLAUDIA MOONEY		RELATIONSHIP WIFE		MAILING ADDRESS 6401 W. BERTEAU AVE UNIT 303, CHICAGO, IL, 60634	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION JAWSON CREMATORY		LOCATION - CITY, OR TOWN AND STATE FRANKLIN PARK, IL	DATE OF DISPOSITION MARCH 15, 2023
FUNERAL HOME COONEY FUNERAL HOME PARK RIDGE, 6253 S. SE HWY., PARK RIDGE, IL, 60068					
FUNERAL DIRECTOR'S NAME EUGENE MICHAEL COONEY				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015974	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH				DATE FILED WITH LOCAL REGISTRAR MARCH 15, 2023	
CAUSE OF DEATH					
PART I. MALIGNANT NEOPLASM OF THE ESOPHAGUS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		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.				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 MARCH 07, 2023	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 03:55 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 08, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SCHWARTZ-PETERSON, CHRISTINE, 7435 W. TALCOTT, CHICAGO, ILLINOIS, 60631				PHYSICIAN'S LICENSE NUMBER 036087205	

2532554



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