## UNOFFICIAL COPO/725548 6074/0138 49 001 Page 1 of

2000-09-18 14:32:15 Cook County Recorder



STATE OF ILLINOIS SS.	
COUNTY OF COOK	· · · · · · · · · · · · · · · · · · ·
JOINT TENANCY	AFFIDAVIT
Helen irahanas, hereinafter re	ferred to as the affiant, states under oath that the affiant resides
at 7336 W. Devon	in the City of Chicago , Illinois:
that the affiant was acquainted with Elias G. Trothe decedent was one of the owners of the property, by virtue of a	thanas, the decedent; that at the time of death,
located in Cook County, Illinois, and le	gally described as follows:
Legal Desi	cription on Back
That the decedent had no interest in any business or partnership,	not held any nower of appointment at death, not created any
remainder interests in property by transfer with retention of a life int	e.es therein or the creation of interests to take effect in posses-
sion or enjoyment after death; That the decedent died on March 17, 1999	le vingnoya last will and testament:
That the total value of decedent's estate, including the taxable interest	
and that the value of the above property individually was S	
That the Illinois Inheritance Tax and the Federal Estate Tax, if any That the affiant makes this affidavit to induce Attorneys' Title	was due from the dece tent's estate, has been paid in full; : Guaranty Fund, Inc. to issue its policy of title insurance
on the above described property.	$\bigcup_{\mathcal{L}}$
The affiant hereby covenants and agrees, for himself/herself/themse indemnify, protect, defend and hold Attorneys' Title Guaranty	y Fund, Inc. harmless and to relimiturse the Fund for all loss,
costs, damages, suits, attorney's fees and expenses of every kind and r the issuance of said policy free and clear of the following objections:	nature which the Fund may suffer, expord or incur by reason of
1) Claims against the estate of Elias G. Tral	nanas
<ol> <li>Illinois State Inheritance Tax and Federal Estate Tax which r</li> </ol>	nay be charged against the estate of said decedent;
<ul><li>3) Legacies, if any, created by the will of said decedent;</li><li>4) Rights to contribution.</li></ul>	1/0.0
, <u>-</u>	Could (Seal)
	(Sea!)
Subscribed and Sworn to before me	
this this day of August 182000.	
all chia Daniel	OFFICIAL SEAL ALECHIA DANIEL
Navy Public	NOTARY PUBLIC, STATE OF ILLINOIS  MY COMMISSION EXPIRES 11-10-2003

Notary Public

## UNOFFICIALOCOPY

Address of Real Estate: 7336 West Devon, Chicago, Illinois 60631

Permanent Real Estate Index Number: 09-36-427-043-0000

LOT SIXTY-TWO (62) AND LOT SIXTY-THREE (63) (EXCEPT WEST HALF (1/2) THEREOF) IN H. ROY BERRY CO'S DEVON HARLEM SUBDIVISION, BEING A SUBDIVISION, OF PARTS OF THE SOUTH HALF (1/2) OF SECTION 36, TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF THE NORTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 1, TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Oly Clark's Office

Mail To: Helen Trahanas 7336 West Devon Chicago, IL' 601031

AFFIXED. THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATUHE SEAL IS

/R200 (Rev. 5/89)

llimois Department of Public Health-Division of Vital Records

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EDWARD

ELLIS

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

034-014790

(BASEDON 1989 U.S. STANDARD CERTIFICATE)

18 1939 1939

0.4

Z.

LOCAL REGISTRAR'S SIGNATURE

00725548

JABH

DEPARTMENT

1117

THE RECORDS OF BIRTHS, STILLBURTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIHTUE OF THE LAWS OF THE STATE LAWS AND ORDINANCES. SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFCATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF KEPT BY ME IN PURSUANCE OF SAID CEATHRY THAT I AM THE KEEPER OF REGISTRAH OF VITAL STATISTICS OF L SHEILA LYNE, RSM, LOCAL THE CITY OF CHICAGO, DO HEREBY

CITY OF CHICAGO COUNTY OF COOK MAR 1 8 1999

DISTRICT NO. FIRST MEDICAL CERTIFICATE OF DEATH MIDDLE DATE OF DEATH (MONTH, DAY, YEAR) 605034

STATE OF ILLINOIS

STATE FILE

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COUNTY OF DEATH

ELIAS

WOS DAYS

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DATE OF BIRTH (MONTH DAY, YEAR)

TRAHANAS

MALE

MARCH 17, 1999

REGISTERED NUMBER DECEASED-NAME

SIRTH NO.

ION IΕR CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. FUNERAL DIRECTOR'S SIGNATURE FUNERAL HOME REMOVAL (SPECIFY) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF AND LAST SAW HIM/HER ALIVE ON 22c. TAMES PATE OF OPERATION, IF ANY PART II. Other significant conductors contributing to death but not resulting in the underlying cause given in PART I 22a. SIGNATURE TO THE BEST OF MYKNOWLEDGE, DEATH POCURRED AT THE TIME, DATE AND PUCE AND DUE TO THE CAUSE(S) STATED INFORMANT'S NAME (TYPE OR PRINT) 13e. ILLINOIS 13a CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER disease or condition resulting in death) 18. PARTI. RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a CHICAGO Immediate Cause (Final 4. COOK 353-26-9112 BURIAL MRS. GREECE RYAN-PARKE FUNERAL HOME, 120 S. NORTHWEST HWY., PARK RIDGE, ILLINOIS 60068 7336 W. DEVON AVE. HELEN TRAHANAS GEORGE CENTIFIER Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or rest, raisoy arrest, shock, or hearf failure. List only one cause on each line. POULOS M.) 131. 60631 CEMETERY OR CREMATORY-NAME ZIP CODE (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF MIDDLE MAJOR FINDINGS OF OPERATION ELMWOOD CEMETERY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8a, MARRIED 10 USUAL OCCUPATION (TYPE OR PRINT) MONTH DAY, YEAR) BRICKLAYER RACE (WHITE, BLACK, AMERICAN INDIAN, 800.) (SPECIFY)
14a. WHITE TRAHANAS AGE-LAST BIRTHDAY (YRS) HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) STREET AND NUMBER OR R F.D. 12 RESURRECTION MEDICAL CENTER SST (TYPE OR PRINT) 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO 1400000 17b. WIFE RELATIONSHIP KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 24c CHICAGO LOCATION LOCAL #21 HELEN BITAKIS OF HISPANIC ORIGIN? (SPECIFY NO ORYES IF YES, SPECIFY CUBAN : "S, "AN PUERTO RICAN ME MOTHER-NAME 14b. (140 N, 16-7 MAILING ADDRESS (STREET AND NO OR RIVER GROVE, 216 CITY OF TOWN WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO) 7336 W. DEVON AVE., CHICAGO, IL PANA 6-10-FA CITY OF TOWN 4 ☐ YES EDUCATION (SPECIFY ONLY MIGHEST GRADE COMPLET( b)
Elementary Secondary (0-12)
College (1-4 or 5 + )
12 yes 607/4 MAY 15, 1914 INSIDE CITY
TYES NOT TES ILLINOIS STATE SPECIFY: AUTOPSY (YES NO) 19a. MIDDLE no IF FEMALE. WAS THERE A PREGNANCY IN PAST THREE MONTHS? Š NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22d. ILLINOIS LICENSE NUMBER DATE SIGNED HOUR OF DEATH L. CITY OR TOWN, STATE, ZIP) YES | NO | MARCH 18, 1999 36.42597 13d COO'C OP EMER AM INPATIENT (SPECIFY)

6C D O A 19b. COUNTY THE AUTOPSY FINDINGS AVAILABLE PHICH TO COMPTE TACH OF CAUSE OF GLATHY (YES AIC) MARCH 20, 1999 これをおないいこと 1:40 p. M. (MAIDEN) LAST ASHRONMATE WITEHVAL BETWEEN ONSET AND DEATH WAS DECEASED EVER IN 13 ARMED FORCES? IN 13 AND 9. NO (MONTH, DAY, YEAR)