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2000-01-19 10:38:03
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



KATHERINE ROUPAS being duly sworn states that she resides at 3945 Greenleaf in the Village of Lincolnwood, Illinois 60712.

That she was acquainted with CHRIS ROUPAS deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Att: Demetrius J. Karos
7525 W. FENVERNESS LANE
FRANKFORT, IL 60423



Above Space for Recorder's Use Only

LOT 31 AND THE WEST 12 FEET OF LOT 32 IN CRAWFORD LUNT SUBDIVISION IN THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT THEREOF RECORDED JULY 20, 1926 AS DOCUMENT NUMBER 9345310, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Tax Index Number: 10-35-110-044
Address of real estate: 3945 Greenleaf, Lincolnwood, Illinois

That the deceased died November 19, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

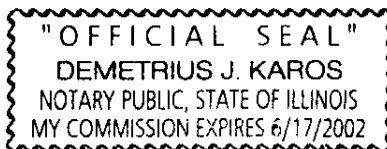
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

That the total value of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of One Hundred Fifty Thousand (\$150,000.00) dollars.

Subscribed and sworn to before me by the said Katherine Roupas this 7th day of December, 1999.

Demetrius J. Karos
Notary Public

Katherine Roupas
Katherine Roupas



5-4
P-2
N-1
M-2
JHC

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Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Chris N. Roupas 2. male 3. November 19, 1999

COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 83 5b. 5c. 5d. February 2, 1916

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)

6a. Evanston 6b. St. Francis 6c. inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. Chicago, Il. 8a. married 8b. Katherine Kardaras 9. yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 324-07-3664 11a. owner/mgr. 11b. restaurant 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 3945 Greenleaf 13b. Lincolnwood 13c. yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Il. 13f. 60712 14a. white 14b. NO YES SPECIFY:

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST

15. Nicholas Roupas 16. Constance Karafotias

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Katherine Roupas 17b. wife 17c. 3945 Greenleaf, Lincolnwood, Il. 60712

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) (a) Aspiration Pneumonia 1 week

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Oropharyngeal Dysphagia 2 months

CAUSE LAST. (c) Lung Cancer 5 months

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. NO 19b.

CERTIFIER

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. 20b. 20c. YES NO

I (DID) (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21a. 11/19/99 21b. NO 21c. 6:31 P. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE *Bruce Massel* 22b. 11/20/99

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. Bruce Massel MD 7380 N. Lincoln av., Lincolnwood, Il. 60646 22d. 36-070349

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. burial 24b. Elmwood 24c. River Grove Il. 24d. 11/22/99

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Adinamis F.D., Ltd. 4700 N. Western Av. Chicago Il. 60625

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. *Adinamis* 25c. 034-007368

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *Bruce Massel* 26b. NOV 22 1999

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE NOV 22 1999 SIGNED *Bruce Massel*

AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.