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Affidavit of Surviving Joint Tenant

State of Illinois) SS.

County of Cook)

25<mark>14/0034</mark> 51 001 Page 1 of 2 **2001-05-30 10:01:08** Cook County Recorder 23.50



(Reserved for Recorder's Use Only)

Charles A. Varkalis, Jr. being first duly sworn, upon oath deposes and says:

That he resides at 17505 Burnham Avenue in the Village of Lansing and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate situated in said Cook County, Illinois, described as follows:

LOT TWO (2) (EXCEPT THE WEST ONE (1) FOOT THEREOF) AND LOT THREE (3) (EXCEPT THE WEST ONE (1) FOOT THEREOF) IN BLOCK THREE (3) IN AIR PORT ADDITION, A RESUBDIVISION OF CERTAIN LOTS IN CALUMET BERNICE ADDITION, BEING A SUBDIVISION OF THE WEST HALF (1/2) OF THE WEST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF SECTION 29, TOWN 36 NORT! ANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N.: 30-29-307-002-0000, 30-29-307-003-0000

Affiant states that Sharron L. Varkalis one of the said owners in joint tenancy, died intestate, in the town of Dyer in the State of Indiana as is confirmed by a certified copy of feath certificate of the deceased attached hereto.

Affiant states that the remaining joint tenant has not changed his marital status since the death of the decedant joint tenant.

Claude Walling

A ffiant

Subscribed and sworn to before me, a notary public, this 16th day of April, 2001.

OFFICIAL SEAL JENNIFER L RAMIREZ

MOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:02/27/04 Notary Public

TRUST DEPT. First National Bank of Itting

236 Kidge RJ. Lansing, IL. 60438 JAW]

SPZ-My

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* ATTENTION Extends to being requested pursue its statute voluntary and the	by this state ag	ency in orde	is to is	D/S	FATEGE	ATM			145. LTH	5035) _{Page}	2 of	2	
Local No. 6	15/2-	\mathcal{O}	*****		ERTIFICATE OF DEATH State No									
192380			RIES ARE CONFI	DENTIAL PE	R IC 16-37-1-10			·					•	
TYPE/PRINT	1. DECEASED—	1. DECEASED—NAME (First Middle, Last)					2. SEX	38. DATE OF DEATH Month, Day, Vr.)						
IN PERMANENT	Sharron L. Vark 4. *SOCIAL SECURITY NUMBER Sa. AGE—Lain Birthday				LLIS 56. UNDER 1 YEAR	5c. UNDER	Fen	emale 6:35P M October 27, 2000 6 DATE OF BIRTH (Mo. Day. Yr) 7. BIRTHPLACE (City and State or Foreign Country)						
BLACK INK	188-30		(Years) 63		Months Days		Minutes		•					
•	8s. WAS DECEDI		86. YEAR LAST SEP U.S. ARMED FOR	IVED IN		<u> </u>	9e P	PLACE OF DEA	TH (Check only o	ne. See manue	int,	Mi	chigan	
	No Never				HOSPITAL: INpatient			OTHER Nursing Home Other (Specify)						
	9b. FACILITY NAME (if not institution, give street and number)				D ER/	Outpatient D (TOWN OR LOCATION OF DEATH 94 COUNTY OF DEATH						
DECEDENT	St. MargaretMercy Sou				th Campus Dyer			WN. OH LOCA		9d. COUNTY OF DEATH				
	10. MARITAL STA	II. SURVIVING SPO	URVIVING SPOUSE wife, gree maden neme)				OCCUPATION (Give kind of worl		Lake 125. KIND OF BUSINESS/INDUSTRY				
Ť	Marrie	-	haries	A V	arkalis	ng most of wor emake	USUAL OCCUPATION (Give kind of work lost of working life. Do not use retired)			Own Home				
	13a. RESIDENCE-		36. COUNTY		13c. CITY, TOWN, OR LOCATION			13d. STREET AND NUMB						
,	Illino		Cook		Lansing	17505 Burnham Ave.								
		DX	LIMITS 14. CITIZE Yes WHAT	N OF COUNTRY?				16. RACE—American Indian			17. DECEDENT'S EDUCATION			
·	60438 130 ON			Mexican Puerto Rican.			-	(Specify)	Sanatul -		(Specify only highest grade completed) memplry/Secondary (0-12) College (1-4 or		College (1-4 or 5 +	
_•	18 EATHER NAM	No U				 . ,		Whi		12	2	- 1		
PARENTS	18. FATHERS NAME (First Middle, Leading Surname) 19. MOTHER'S NAME (First Middle, Meiden Surname)													
=	Lawrence Wiln 20a. INFORMANTS NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Bursi Rouse Num Characteristics (Street and Number or Bursi Rouse Num													
	Charl		Varkali)x					Number, City or			20c. Rek	•	
	21a. METHOD OF D	ISPOSITION [Entombraent	[2	1). DATE AND PLACE	OF DISPOSITION	N (Name of c	emetery, cremet		DU438			band .	
			X Removel from Stat	. Y	other place) OC	tober	31,	2000				DMII, OLD	•	
Ļ		Other (Specify)		<u> </u>	Oak Gle		tery		,	Lansi	.ng,	ΙL		
DISPOSITION	222. EMBALMER'S NAME: 222 CM JALMER'S LICEN						- 44: VIDD DENTITIES			DRIED TO CORONER!				
<u> </u>	William Byma i1 034-0											···		
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12	6. PART I. E	Mer the diseases.				,		<u> </u>	<u> </u>	Rd. I	ansi	na,	IL 604	
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AUSE OF "	lisesae or condition eaulting in death)		ı	DUE TO (OR	AS A CONSEQUENCE	OF:					 			
	Conditions, if any, whi		ъ. <u></u>	OUE TO (OR	AS A CONSEQUENCE	OF):	-	(G)			└ -			
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. c	ause last .		i.	PUE TO (OR	AS A CONSEQUENCE	OF)		-	9					
-	ART II Other monter	am conditions . C			not previously stated in f	<u> </u>		-	<u> </u>	·			_	
1"		ant conditions . C	oughous coutubring	go cleath prit i	not previously stated in f	Part I: 27.	WAS DECED	ENT OR 90 DAYS	28a. W. S.A.				SY FINDINGS	
	g Navier		'		• • = .		POSTPARTU	JM?	(Yes or no)		COMP		OF CAUSE	
_	-	<u> </u>					NO	,		No.	No	AIMY (7	st or no)	
29	A. CERTIFIER (Check only	XI CERTI	FYING PHYSICIAN	To the best	of my knowledge, death	occurred at the t	ime, data, and p	place, and due to	the cause(s) as	stated.	, 			
	one)	CORO	NER On the Casts of	basis of exa	minetion and/or investiga	etion, in my opinic	on, death occur	rred at the time.	date, and place, er	nd due to the c	ause(s) es ste	ited.		
29	b. SIGNATURE AND		/	T Presmetton	and/or presignation, in	my opinion, desti	occurred at the						<u> </u>	
ERTIFIER			P /	α	120	•		29c. MEDI	CAL LICENSE N	2	29d. DATE S	SIGNED	Month, Daf, Year)	
30.	NAME AND ADDR	ESS OF PERSON	WHO COMPLETED	CAUSE OF D	EATH OTEM 264 (Type	(Print) :		111	105			$\frac{\omega}{\sqrt{a}}$	<u>3) 00</u>	
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1	MAINTEN OF DEAT	*1	34a, DATE O		34b. TIME OF INJURY	34c. INJUR (Yes o	Y AT WORK? rna)	34d. C	ESCRIBE HOW	NULTU DOCC	JRRED			
1	ı	pending hypetigation					.							
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<u> </u>	DATE PRONOUNC	ED DEAD (Ador-	Day Vaint Tan	MOTOR	4616.45555					_				
. [Jan La House	VENU (MORE)	34h.	MUTOR VE	HICLE ACCIDENT? (Ye	es or not. If yes.	specify driver	r, pessenger, pec	Sestrien, etc.					
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SD.	H06-004 Stat	e Form 101	10 (R5/1-99)		-									

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