



Affidavit of Surviving Joint Tenant

State of Illinois)
) SS.
County of Cook)

(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 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

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

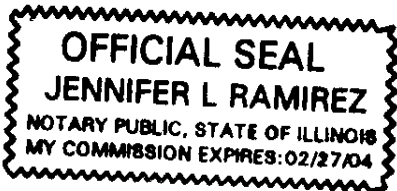
Affiant states that Sharron L. Varkalis one of the said owners in joint tenancy, died intestate, in the town of Dyer in the State of Indiana as is confirmed by a certified copy of death certificate of the deceased attached hereto.

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

Charles A. Varkalis, Jr.

Affiant

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



Jennifer L. Ramirez
Notary Public

TRUST Dept.
First National Bank of Illinois
3256 Ridge Rd.
Lansing, IL 60438

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P.2
5-
M.7
JLC

UNOFFICIAL COPY

Property of Cook County Clerk's Office

ATTENTION ESTATE: The Social Security Administration is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

UNOFFICIAL COPY 0010455035

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2512-00

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Sharron L. Varkalis), 2. SEX (Female), 3a. TIME OF DEATH (6:35P), 3b. DATE OF DEATH (October 27, 2000), 4. SOCIAL SECURITY NUMBER (188-30-2778), 5a. AGE (63), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (August 1, 1937), 7. BIRTHPLACE (Flint, Michigan), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (Never), 9a. PLACE OF DEATH (HOSPITAL: Independent), 9b. FACILITY NAME (St. Margaret Mercy South Campus), 9c. CITY, TOWN, OR LOCATION OF DEATH (Dyer), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Charles A. Varkalis), 12a. DECEDENT'S USUAL OCCUPATION (Homemaker), 12b. KIND OF BUSINESS/INDUSTRY (Own Home), 13a. RESIDENCE-STATE (Illinois), 13b. COUNTY (Cook), 13c. CITY, TOWN, OR LOCATION (Lansing), 13d. STREET AND NUMBER (17505 Burnham Ave.), 13e. ZIP CODE (60438), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Lawrence Winn), 19. MOTHER'S NAME (Edna Thick), 20a. INFORMANT'S NAME (Charles A. Varkalis), 20b. MAILING ADDRESS (17505 Burnham Lansing, IL 60438), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (October 31, 2000, Oak Glen Cemetery), 21c. LOCATION-City or Town, State (Lansing, IL), 22a. EMBALMER'S NAME (William Byma), 22b. EMBALMER'S LICENSE NO. (il 034-012218), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Elden B. Serby), 24b. LICENSE NUMBER (FDO 1000857), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LaHayne FH83002885 5746 Hohman Hammond, IN for Schroeder-Laue 3227 Ridge Rd. Lansing, IL 604), 26. PART I. IMMEDIATE CAUSE (Cancer of Lung), 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (Dr. Satish Patel), 29c. MEDICAL LICENSE NO. (01042343), 29d. DATE SIGNED (10/31/00), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Satish Patel 5300), 31. HEALTH OFFICER'S SIGNATURE (Daryl L. Fortson), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (OCT 31 2000), 34e. PLACE OF INJURY, 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

UNOFFICIAL COPY

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