

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

H22050932

Order No.: 1408 ~~TEST0000~~ HE

STATE OF ILLINOIS)
COUNTY OF) ss.

Ellen Anna Constantinides
being duly sworn states that she resides at 151 N. Taylor Ave.
in the City of Oak Park Illinois 60302

That she was acquainted with Michael J. Constantinides deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

0021181346

2729/0333 18 001 Page 1 of 3
2002-10-25 14:18:30
Cook County Recorder 50.00



0021181346

That the deceased died 4-7-2001, 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 the 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 estate 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
_____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy,
describing the above mentioned property.

Insurance Company to issue its Title Insurance Policy,

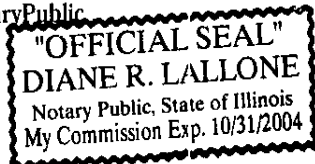
Subscribed and sworn to before me by the said

Ellen Anna Constantinides

this 27th day of September, A.D. 2002

Diane R. Lallone

Notary Public



DJTAFF

(Affiant's Signature)

BOX 333-CP

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OAK PARK, ILLINOIS

REGISTRATION DISTRICT NO. 16.01 OAK PARK HEALTH DEPARTMENT OFFICE OF VITAL RECORDS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 727 DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 7 2001

1. MICHAEL J CONSTANTINIDES 2. M 3. APRIL 7 2001

COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (YRS) MO. DAYS UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 19 1926

4. Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Oak Park BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6b. Evelyn Hirakis NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 6c. Inpatient

7. Egypt SOCIAL SECURITY NUMBER 367-34-2171 8a. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. Evelyn Hirakis

10. 159 N Taylor RESIDENCE (STREET AND NUMBER) 11a. Computer Operator USUAL OCCUPATION 11b. State of IL KIND OF BUSINESS OR INDUSTRY 12. 16 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

13a. IL STATE 13b. 60302 ZIP CODE 13c. Cook COUNTY 14a. White RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. NO OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

15. John Constantinides FATHER-NAME FIRST MIDDLE LAST 16. Elutheria N/A MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

17. Evelyn Constantinides INFORMANT'S NAME (TYPE OR PRINT) 17b. Wife RELATIONSHIP 17c. 159 N. Taylor Oak Park IL. 60303 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

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) CIRRHOSIS of LIVER

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not retting in the underlying cause given in PART I. AUTOPSY (YES/NO) 19a. NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19c.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. YES NO IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

21a. I (WE) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 4-7-2001 (MONTH, DAY, YEAR) 21b. NO WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. 10:15 a.m. HOUR OF DEATH

22a. SIGNATURE Sanjay J Amin MD TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22b. 04-10-2001 DATE SIGNED (MONTH, DAY, YEAR)

22c. SANJAY J AMIN MD NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 1945 W. WILSON ST #1111 CHICAGO, IL 60614 22d. 36-087155 ILLINOIS LICENSE NUMBER

23. 24a. Burial BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. Memorial Park CEMETERY OR CREMATORY-NAME 24c. Battle Creek MI LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24d. 4/12/2001

25a. Salerno's Galewood Chapels 1857 N Harlem Ave Chicago IL 60707 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. 34-10202 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. LOCAL REGISTRAR'S SIGNATURE 26b. APR 10 2001 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

Illinois Department of Public Health - Division of Vital Records VR200 (Rev. 5/89) This is to certify that this is a true and correct copy from the official record filed with the Illinois Department of Public Health.

21181346

Georgina Poljak, MD LOCAL REGISTRAR

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

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION



UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H22050932 HE
STREET ADDRESS: 151 N. TAYLOR AVE.
CITY: OAK PARK COUNTY: COOK
TAX NUMBER: 16-08-121-020-0000

LEGAL DESCRIPTION:

LOT 8 IN BLOCK 34 IN VILLAGE OF RIDGELAND SAID RIDGELAND BEING A SUBDIVISION OF EAST 1/2 OF EAST 1/2 OF SECTION 7 AND ALSO NORTHWEST 1/4 AND WEST 1/2 OF WEST 1/2 OF SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY.

Prepared by / mail to:

Harris Bank

Consumer Lending Center

3800 Golf Rd. Suite 300

P.O. Box 5041

Rolling Meadows, IL 60008