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Doc#: 0414641132
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 05/25/2004 10:43 AM Pg: 1 of 2

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AFFIDAVIT OF DEATH OF JOINT TENANT

State of Illinois
County of Cook } ss

Connie Loutris, of legal age, being first duly sworn, deposes and says:
That Stanley C. Loutris, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Stanley C. Loutris and Connie Loutris named as one of the parties in that certain Warranty Deed dated March 7th 1980, executed by Stanley C. Loutris and Connie Loutris, as joint tenants, recorded as Instrument No. 25441231 on April 30th 1980 of County Records of Cook County, Illinois, covering the following described property situated in the said County, State of Illinois: THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS, TO WIT:

LOT 1 IN BLOCK 2 IN PALOS GARDENS, UNIT NO. 2, A SUBDIVISION
IN THE NORTHWEST 1/4 OF SECTION 32, TOWNSHIP 37
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS.

APN: 24-32-110-022

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____

Connie Loutris

Connie Loutris

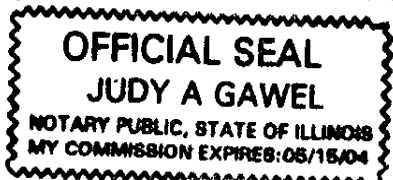
Subscribed and Sworn to before me

this 20th day of FEBRUARY, 2004

Judy A. Gawel

Signature Judy A. Gawel

Notary Public Commissioned for said County and State



Wheatland Title Guaranty Co
39 Mill Street
Montgomery IL 60538

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Certified Copy of a Death Record
UNOFFICIAL COPY

| | | | | | | |
|--|--|--|---|--|--|--|
| DECEDENT'S BIRTH NO. | REGISTRATION DISTRICT NO. 16.92 | STATE OF ILLINOIS | | | STATE FILE NUMBER | |
| | REGISTERED NUMBER 1078 | MEDICAL CERTIFICATE OF DEATH | | | | |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED CAUSE CERTIFIER DISPOSITION | DECEASED-NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | |
| | 1. Stanley C. Loutris | | 2. Male | 3. August 22, 1998 | | |
| | COUNTY OF DEATH | | AGE—LAST BIRTHDAY (YRS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) |
| | 4. COOK | | 5a. 72 | 5b. | 5c. | 5d. April 19, 1926 |
| | 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. PROVISO TOWNSHIP | | 6b. VETERANS ADM. HINES, IL 60141 | | 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. Connie Dakuras | | 9. Yes |
| | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | KIND OF BUSINESS OR INDUSTRY | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | |
| | 10. 360-14-0600 | | 11a. Factory Worker | 11b. MANUFACTURER | 12. II | |
| RESIDENCE (STREET AND NUMBER) | | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | INSIDE CITY (YES/NO) | COUNTY | |
| 13a. 6030 W 128th Place | | | 13b. Palos Heights | 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.) | | |
| 13a. Illinois | | 13f. 60463 | 14a. WHITE | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | | |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST | | | | |
| 15. Chriscos Loutris | | 16. Lucy Anastastia | | | | |
| INFORMANT'S NAME (TYPE OR PRINT) | | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. Tyrina Moran, A.O.D. | | 17b. Hospital Records | 17c. VETERANS ADM. HINES, IL 60141 | | | |
| 18. PART I. Enter the disease or complication 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. | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| Immediate Cause (Final disease or condition resulting in death) → (a) End Stage Liver Disease | | | | | Unknown | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ | | | | | | |
| (c) _____ | | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | | |
| DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? | | |
| 20a. | | 20b. | | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| V. (ADID) (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) | | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) | HOUR OF DEATH | | |
| 21a. August 22, 1998 | | | 21b. No | 21c. 11:00 AM. | | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | | | | | |
| 22a. SIGNATURE → Evelyn White, MD | | | 22b. August 22, 1998 | | DATE SIGNED (MONTH, DAY, YEAR) | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) | | | 22c. VETERANS ADM. HINES, IL 60141 | | ILLINOIS LICENSE NUMBER | |
| 22c. | | | 22d. 125-034225 | | | |
| 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. | | | |
| 23. | | | | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | | LOCATION | CITY OR TOWN | STATE | |
| 24a. BURIAL | 24b. ELMWOOD CEMETERY | | 24c. River Grove | IL | DATE (MONTH, DAY, YEAR) | |
| FUNERAL HOME | | STREET AND NUMBER OR R.F.D. | | CITY OR TOWN | STATE | |
| 25a. Hills Funeral Home, Ltd. | | 10201 S. Roberts Rd. | | Palos Hills | IL 60465 | |
| FUNERAL DIRECTOR'S SIGNATURE | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | | |
| 25b. Jason C. Leonard | | | 25c. 034-014798 | | | |
| LOCAL REGISTRAR'S SIGNATURE | | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | | |
| 26a. Richard J. Bellis | | | 26b. August 24, 1998 | | | |

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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 **AUG 24 1998** SIGNED **Richard J. Bellis**
 AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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 of the facts therein stated.