

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF _____)
) SS
COUNTY OF _____)

Nicholas Galanopoulos,
hereby referred to as the affiant, states under
oath that the affiant resides at
5300 W. Newport

In the City of Chicago,
State of Illinois;

that the affiant was acquainted with
Helen Galanopoulos,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO
AS EXHIBIT "A"

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on May 1, 1997, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 250,000, and that the value of the above property individually was \$ 170,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.



Doc#: 0602543066 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/25/2008 07:35 AM Pg: 1 of 4

1-4
1375586

ATGF, INC.

3K9

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JOINT TENANCY AFFIDAVIT (continued)

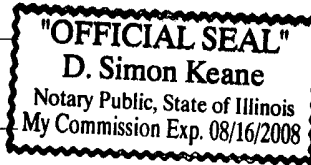
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Helen Galanopoulos, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Helen Galanopoulos (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

_____ day of September, 2005 (Year)
 _____ (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

James Adinamis (Name)
415 N. LaSalle St., #500 (Address)
Chicago, IL 60610 (City, State, Zip)

Return to:

_____ (Name)
 _____ (Address)
 _____ (City, State, Zip)

REGISTRATION DISTRICT NO. **10.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
607456

DECEASED-NAME aka **First Helen** MIDDLE **Galanopoulos** LAST **Galanopoulos** SEX **Female** DATE OF DEATH **May 1, 1997** (MONTH, DAY, YEAR)

1. COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **5a. 64** UNDER 1 YEAR **5b.** UNDER 1 DAY **5c.** DATE OF BIRTH **August 6, 1932** (MONTH, DAY, YEAR)

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **Rush - Pres-St. Luke's Medical Center** IF HOSP. OR INST. INDICATED O.A. OPERATOR, R.M. INPATIENT (SPECIFY) **68 Inpatient**

3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Greece** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Married** NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) **8b. Nicholas Galanopoulos** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. NO**

4. SOCIAL SECURITY NUMBER **327-36-0178** USUAL OCCUPATION **Housewife** KIND OF BUSINESS OR INDUSTRY **Own Home** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12, 12** College (1-4 or 5+)

5. RESIDENCE (STREET AND NUMBER) **5300 W. Newport Ave.** CITY, TOWN, OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **13c. Yes** COUNTY **Cook**

6. ZIP CODE **Illinois 131. 60641** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, etc.) (TO RICAN, etc.) **14b. NO** SPECIFY: **13d. Cook**

7. FATHER-NAME **Yasilius** FIRST **Balis** MOTHER-NAME **Stavroula** RELATIONSHIP **Daughter** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **Chicago, Illinois 60641**

8. INFORMANT'S NAME (TYPE OR PRINT) **Takatherine Galanopoulos** RELATIONSHIP **Daughter** 17c. **Chicago, Illinois 60641**

9. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

10. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

11. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

12. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

13. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

14. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

15. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Metastatic Gastric Cancer** 10 Months

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAY - 5 1997

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, SIMILAR BIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

Sheila Lyne

THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY
EXHIBIT "A"

That part of Lots 3 and 4 described as follows: Beginning at a point on the West line of Lot 3, 18.98 feet South of the Northwest corner of Lot 3; thence East along a line that when extended to East line of Lot 3 would be 19.105 feet South of the Northeast corner of Lot 3, a distance of 71.86 feet; thence South and parallel with the East line of Lot 3, 1.74 feet; thence East 23.08 feet to a point that is 1.26 feet South of a line aforesaid that is drawn from a point on the West line of Lot 3, 18.98 feet South of the Northwest corner of Lot 3 to a point on the East line of Lot 3, 19.105 feet South of the Northeast corner of Lot 3; thence North and parallel with the East line of Lot 3, 1.26 feet; thence East 27.98 feet to the East line of Lot 3 and 19.105 feet South of the Northeast corner of Lot 3; thence South along the East line of Lots 3 and 4, 18.735 feet; thence West to a point on the West line of Lot 4 being 37.63 feet South of the Northwest corner of Lot 3, 122.93 feet; thence North along the East line of Lots 3 and 4, 18.65 feet to the point of beginning; in the Subdivision of the North 1/2 of the North 1/2 of Lot 15, of Davlin, Kelly and Carroll's Subdivision, of the Northwest 1/4 of Section 26, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

13-26-118-043

Property of Cook County Clerk's Office