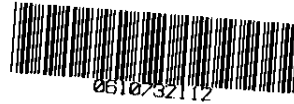


UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)



Doc#: 0610732112 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 04/17/2006 03:56 PM Pg: 1 of 2

Linda Darlene Stewart,
being duly sworn states:

1. That she resides at
6408 Shady Oak, San Angelo, TX 76904.

2. That she was acquainted with Peter G. Kalamaras, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

THE WEST HALF (EXCEPT THE EAST EIGHT FEET THEREOF RESERVED FOR ALLEY) OF LOT 3 IN CIRCUIT COURT PARTITION OF THE WEST HALF OF LOT 25, BLOCK 2, IN SHEFFIELD'S ADDITION TO CHICAGO, IN SECTIONS 29, 31, 32, 33, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

and commonly known as: 1955 N. Halsted, Chicago, IL 60614-5008

PIN: 14-33-300-008-0000.

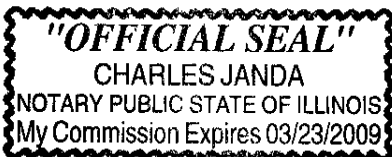
3. That the deceased died May 21, 1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

4. 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 Cook 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 _____.



Linda Darlene Stewart
Linda Darlene Stewart

Subscribed and sworn to before
me by the said Affiant this 26
day of October, 2005.

Charles Janda

Notary Public

Mail to: Charles A. Janda, Esq.
120 N. LaSalle Street
Suite 1040
Chicago, IL 60602



MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

609746

362 May 1994

16315

REGISTRATION DISTRICT NO. 16315

REGISTERED NUMBER 362

DECEASED NAME **Peter G. Kalamaras** SEX **Male** DATE OF BIRTH MONTH DAY YEAR **21 May 1921**

CITY, TOWNSHIP OR ROAD DISTRICT NUMBER **Cook** COUNTY **Cook** DATE OF DEATH MONTH DAY YEAR **10th, 1994**

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY **Chicago, IL** HARRIED, NEVER HARRIED, DIVORCED, WIDOWED, SEVERELY MARRIED **Never Married**

SOCIAL SECURITY NUMBER **337-28-8373** USUAL OCCUPATION **Pyret** NAME OF SURVIVING SPOUSE (MARRIAGE DATE) **Floral**

RESIDENCE STREET AND NUMBER **1955 N. Halsted** CITY, TOWNSHIP, OR ROAD DISTRICT NO. **Chicago** INSIDE CITY **Yes** COUNTY **Cook**

FATHER-NAME FIRST MIDDLE LAST **George Kalamaras** MOTHER-NAME FIRST MIDDLE LAST **Lives Genevieve Baranski**

RELATIONSHIP **Brother** MAILING ADDRESS STREET AND CITY OR CITY OF BIRTH STATE ZIP **731 Cutler Lane Barrington IL 60015**

INFORMANT NAME (OVERSEEN) **Clement Kalamaras**

18. PART I. Cause of Death: **Arterio Sclerotic Cardio Vascular Disease**

19. (a) Arterio Sclerotic Cardio Vascular Disease
(b) Due to, OR AS A CONSEQUENCE OF

20. (a) **NO** (b) **NO**

21. NATIONAL ACCIDENT INDEMNITY **NO** DATE OF BIRTH MONTH DAY YEAR **21 May 1921** HOUR **M** MINUTE **20** HOW INJURY OCCURRED **HEART FAILURE**

22. PLACE OF BIRTH (CITY, STATE, COUNTRY) **Chicago, IL** LOCATION CITY, TOWNSHIP, OR ROAD DISTRICT NO., COUNTY, STATE **Chicago, IL**

23. CERTIFY THAT MY OPINION BASED UPON MY INVESTIGATION AND/OR THE ACQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES STATED AND THAT

24. JOSEPH'S MEDICAL EXAMINER'S SIGNATURE **Edmond R. Dohoghue, Jr. MD** DATE SIGNED **May 21, 1994**

25. JOSEPH'S PHYSICIAN'S NAME (PRINT NAME) **Edmond R. Dohoghue, Jr. MD** DATE SIGNED **May 21, 1994**

26. FUNERAL CREMATION **Funeral** CREMATION OR CREMATION **NO** LOCATION CITY, TOWNSHIP, OR ROAD DISTRICT NO., COUNTY, STATE **Palatine, IL** DATE OF BIRTH MONTH DAY YEAR **May 25, 1994**

27. FUNERAL HOME **Smith-Corcoran Funeral Home 6150 N. Cicero Ave Chicago, IL 60646**

28. FUNERAL DIRECTOR'S SIGNATURE **Franka A. Kalamaras** REGISTERED NUMBER **034-014701**

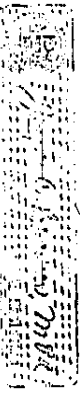
29. REGISTERED SIGNATURE **Franka A. Kalamaras** DATE **May 24 1994**

30. DATE FILED BY LOCAL REGISTRAR (INDICATE DAY, MONTH, YEAR) **MAY 24 1994**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 24 1994

I, JOYCE A. BRANTLEY, MPA, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO AND THAT 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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

DEPARTMENT OF HEALTH - CITY OF CHICAGO