



Doc#: 1423047067 Fee: \$44.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/18/2014 09:37 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

Efrosine M. Kanellakes, hereinafter referred to as the affiant, states under oath that the affiant resides at 852 E. 171st St, in the City of South Holland, Illinois; that the affiant was acquainted with Milton T. Kanellakes & Helen Kanellakes the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

That 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;

That the decedent died on Milton T. Kanellakes, leaving no/a last will and testament;
and Helen Kanellakes.

That the total value of decedent's estate, including the taxable interest in the above property was \$ -0-; and

That the value of the above property individually was \$ -0-.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC., harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

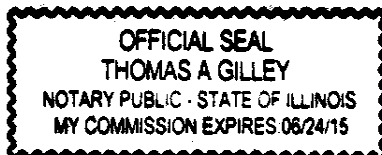
- 1. Claims against the estate of Milton T. Kanellakes Helen Kanellakes, the decedent;
- 2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

Efrosine M. Kanellakes (Seal)

_____ (Seal)

STATE OF _____)
) SS
COUNTY OF _____)

Subscribed and Sworn to before me
this May day of 2014
Thomas A Gilley
Notary Public



Prepared:
Thomas A Gilley
1421 Southmoor Rd
Hossmoor II
60422

UNOFFICIAL COPY

LEGAL DESCRIPTION:

Lot 26 in Maccari's Addition to South Holland, being a Subdivision of part of the West half of the North West Quarter of Section 26, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

STREET ADDRESS: 858 E. 171st STREET, SOUTH HOLLAND, ILLINOIS 60473

Permanent Tax Index No.: 29-26-102-014-0000

Property of Cook County Clerk's Office

REGISTRAR OR THE COUNTY CLERK SHALL BE PRIMA FACIE EVIDENCE IN ALL COURTS AND PLACES THAT THE CERTIFICATIONS OF A DEATH RECORD BY THE DEPT. OF PUBLIC HEALTH OR THE LOCAL 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 ORIGINAL OF THIS RECORD IS PERMANENTLY FILED WITH THE ILLINOIS DEPT. OF PUBLIC HEALTH AT SPRINGFIELD.

UNOFFICIAL COPY

AT HARVEY, ILLINOIS. SIGNED *Mattie Johnson* LOCAL REGISTRAR

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE PERSON NAMED THEREIN AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS FOR THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

REGISTRATION NO. *16,37*
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
DATE OF DEATH
MILTON T. KANELLAKES
2 Male
3 March 2, 1984

1. DECEASED—NAME FIRST MIDDLE LAST
MILTON T. KANELLAKES
2. SEX
Male
3. DATE OF BIRTH (MO., DAY, YEAR)
6 Dec. 29, 1897
4. COUNTY OF DEATH
Cook

5. RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT, INDIAN, ETC. (SPECIFY))
White
6. AGE (IN YEARS)
86
7. HOSPITAL OR OTHER INSTITUTION—NAME, ADDRESS, CITY, STATE, ZIP
Ingalls Memorial Hospital
527 E. 10th St.
Chicago, Ill. 60605

8. STATE OF BIRTH (IF NOT U.S.A.)
U.S.A.
9. CITIZEN OF WHAT COUNTRY
U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married
11. MARRIED SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
Helen Tsatsos

12. SOCIAL SECURITY NUMBER
13a. OWNER
13b. RESTAURANT
13c. RESTAURANT
14. WAS DECEASED EVER IN U.S. (SPECIFY YES OR NO)
NO
15. FATHER—NAME FIRST MIDDLE LAST
Theodore Kanellakes
16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Erosine Kaddogiannis

17. INFORMANT NAME (TYPE OR MEDICAL RECORDS)
Annette Tipton
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))
Terminal Carcinoma of Pancreas
19. RELATIONSHIP
None
20. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
One Ingalls Dr., Harvey, IL, 60426

21. DATE OF OPERATION, IF ANY
21a. DATE OF OPERATION
21b. MAJOR FINDINGS OF OPERATION
21c. DATE OF OPERATION, IF ANY
21d. DATE OF OPERATION

22a. SIGNATURE OF PHYSICIAN
Akbar Rahmani, M.D.
22b. ADDRESS OF PHYSICIAN
West 56th Street, Harvey, IL 60426
22c. ILLINOIS LICENSE NUMBER
36-52283

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial
24. CEMETERY OR CREMATORY—NAME
Cedar Park
25. CITY OR TOWN
Chicago, Illinois
26. STATE
Illinois
27. DATE (MONTH, DAY, YEAR)
March 5, 1984

28. FUNERAL HOME
De Young-Vroegh
29. STREET AND NUMBER OR R. F. D.
5th, 649 E. 16th St., So. Holland, Ill. 60473
30. STATE
Illinois
31. DATE (MONTH, DAY, YEAR)
March 5, 1984

32. LOCAL REGISTRAR'S SIGNATURE
Mattie Johnson
33. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
March 2, 1984

UNOFFICIAL COPY

HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1634
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

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

1. DECEASED-NAME FIRST MIDDLE LAST **Helen Kanellakes** 2. SEX **Female** 3. DATE OF DEATH (MONTH, DAY, YEAR) **December 9, 2006**

A DECEASED
B
C
D
E

4. COUNTY OF DEATH **Cook** 5a. AGE-LAST BIRTHDAY (YRS.) **86** 5b. UNDER 1 YEAR MOS. DAYS 5c. UNDER 1 DAY HOURS MIN. 5d. DATE OF BIRTH (MONTH, DAY, YEAR) **April 2, 1920**

8a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Harvey** 8b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Ingalls Hospital** 8c. IF HOSP. OR INST. INDICATE D.O.A. OR INPAT. (SPECIFY) **Inpatient**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Patras, Greece** 8a. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPECIFY) **Widowed** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

10. SOCIAL SECURITY NUMBER **-7482** 11a. USUAL OCCUPATION **Homemaker** 11b. KIND OF BUSINESS OR INDUSTRY **Own Home** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) **12** College (1-4 or 5+)

13a. RESIDENCE (STREET AND NUMBER) **858 E. 171st Street** 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **South Holland** 13c. INSIDE CITY (YES/NO) **Yes** 13d. COUNTY **Cook**

13e. STATE **IL** 13f. ZIP CODE **60473** 14a. RACE WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY) **White** 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) No Yes SPECIFY:

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST **Theodore Tsatsos** 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST **Eliphtheria Andreopoulos**

17a. INFORMANT'S NAME (TYPE OR PRINT) **Theodore M. Kanellakes, M.D.** 17b. RELATIONSHIP **Son** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) **1015 Erins Glen Drive Joliet, IL 60431**

CAUSE

18. PART I Enter the disease 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) **CONGESTIVE HEART FAILURE** **3 years**
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

OPERATION

19a. AUTOPSY (YES/NO) **No** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? Yes No

CERTIFIER

21a. DID (OR NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) **12/8/06** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) **No** 21c. HOUR OF DEATH **2:41 A.M.**
22a. SIGNATURE **[Signature]** 22b. DATE SIGNED (MONTH, DAY, YEAR) **12/11/06**
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **James Habib M.D. 2555 W. Lincoln Hwy. Olympia Fields, IL.** 22d. ILLINOIS LICENSE NUMBER **036-051427**
22e. 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.

DISPOSITION

23a. BURIAL CREMATION REMOVAL (SPECIFY) **Burial** 24a. CEMETERY OR CREMATORY - NAME **Woodlawn Memorial Park** 24b. LOCATION **Joliet, IL** 24c. DATE (MONTH, DAY, YEAR) **Dec 12, 2006**
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP **Fred C. Dames Funeral Home 3200 W. Black Road Joliet, IL 60431**
25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014488**
26a. LOCAL REGISTRAR'S SIGNATURE **[Signature]** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 11 2006**

VR200 (Rev. 5/89)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D42988

DATE ISSUED

ISSUED AT:

CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

[Signature]
GWENOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.