## **UNOFFICIAL COPY**

Doc#. 1630015033 Fee: \$50.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 10/26/2016 09:50 AM Pg: 1 of 2

### **DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS	)
COUNTY OF DUPAGE	) SS )

I, PINELOPI / IALIOS, being duly sworn, state that I reside at 5729 N. California Ave., in the City of Chicago, Cook County, Illinois:

That I am the spouse of Elias K. Lialios, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, legally described as follows:

LOT EIGHTEEN (18) AND THE SOUTF EIGHT (8) FEET OF LOT NINETEEN (19) IN BLOCK TWENTY-EIGHT (28) IN WILLIAM F. KAISER AND COMPANY'S FIRST ADDITION TO ARCADIA TERRACE, BEING A SUBDIVISION IN THE SOUTH WEST QUARTER (14) OF THE SOUTH EAST QUARTER (14) OF SECTION ONE (1), TOWNSHIP FORTH (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died on August 2, 2016, as evidenced by a certified copy of his death certificate attached hereto.

That the deceased died leaving no Last Will and Testament.

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 tine of the deceased, does not exceed the sum of One Hundred Thousand and no/100 (\$100,000,000) Dollars.

Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance policy, describing the above-mentioned property.

AFFIANT FURTHER SAYETH NAUGHT.

PINELOPICIALIOS

Subscribed and Sworn to before me this 15 day of October, 2016.

Notary Public

GUS PETER APOSTOLOPOULOS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/21/20

# NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

## LER TECATION CE DE ATH TECHTO

# COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

		MEDICAL CERTIFI	AIE OF DEAT	H		<b>ļ</b> ,
在《新香港的·	0061115	AL A		W. 30.	DATE SYLED	8/8/2016
DECEDENTS LEGAL NAME ELIAS K LIALIOS					ATE OF DEATH	
COUNTY OF DEATH	AGE AT L	AST BIRTHDAY	DATE OF JULY	віктн 15, 1927		
GITY OR TOWN		HOSPITAL	OR OTHER INSTITUTION	N NAME (A) TO		<u></u>
PLACE OF DEATH AND DECEMBNIFS HOME	441.2	and the same of th				
BIRTHPLACE	SOCIAL SEGURITY NUMBER	STATUS AT TIME OF DEATH		JOEIGIVIL UNION PARTNER	6 MAIDEN NAME EVER IN U.S. FORCES? N	
ALBANIA RESIDENCE	5 P V 10	MARRIED ART, NO.	PINELOPI CIPY OF TOWN	KONS #	INSIDE CITYATIM	
5729 N CALIFORNIA AN	A STATE OF THE STA		CHICAGO	940	YES	ii ki
COOK	CODE PATHERING	PARENTS NAME PRIOR TO FIRST	1 1 1 as	ALEXANDRA H	RONIS	TI, UNION
INFORMANT'S NAVI	THE STATE OF THE S	ATIONSHIP WIFE	MAILING ADDR 5729 N GAL	RESS TAME! LIFORNIA AVE, CHIC	AGO, IL, 608591	
METHOD OF DISPOSITION	PLACE CONISPO	DISTION PARK CEMETERY	LOCATION - CI SKOKIE, IL	TY OR TOWN AND STA	TE DATE OF DISPOSITION AUGUST 05, 2016	
Links Plan	FUNERAL DIRECTORS		VE., CHICAGO, IL,	60616		<del></del>
FUNERAL DIRECTIONS NAME JOHN G ADINAMIS				PUNEAUL DIRECTOR	R'S ILLINOIS LIGERER NUMBER	<del></del>
LOCAL REGISTRANS NAME DAVID ORR		1810	The state of the s	DATE FILED WITH LA AUGUST 8, 20		
CAUSE OF DEATH PART	II. CONGESTIVE HEART F	AILURE IN.	anti da Terra	Į.	i i i	ARS
MIMEDIATE CAUSE		Due to (or as a conseq	ence (I			
ropulling in dwath)	CORONARY ARTERY	SEVRE			A STATE OF THE STA	ARS
	200	One to (or as a talker)	anca off:		ž á W	<u> </u>
t .					1 19. 2. million and the same of the same	4.1. 14meleves
PART II. Enter other significant	onditions contributing to death	Oue to for as a consequent of the underlying	Aldgol) g çalisti given in PART I.	WAS AN	AUTOPSY PERFORMED NO	
			AND AND ASSESSMENT OF THE PROPERTY OF THE PROP	WERE	UTOPSY FINDINGS (1510 TO ETE CAUSE OF DEATH WIA	,
FEMALE PREGNAPLY STATUS	00 46 76				R OF DEATH AND THE	<del></del>
NOT APPETCABLE Date of Injury	TIME OF IN		INJURY	Living	INJURY AT V	ORK?
LOCATION OF INJURY	1617-30					h
					g jille in	RECIEY:
DESCRIBE HOW INJURY COLD	uran:	\$1. **2163),			IF TRANSPORTATION INCLUSES.	97 <b>4</b> 490 11
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER CORONER CONTACTED?	OR DATE	PRONOUNCED	TIME OF DEAT 07:30 PM	H
CERTIFIER PHYSICIAN			Who.		DATE CERTIFIED AUGUST 03, 2016	
NAME ADDRESS AND 18 CODE SARPOLIS KEITH, 259	OF PERSON COMPLETING TA	SE OF DEATH			O36069643 101	HER
3ANC 94 PINCHIN 200	1000			5.02. 17.0 (4.		



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.



