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1925215037

Doc# 1925215037 Fee \$88.00

AFFIDAVIT OF HEIRSHIP

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/09/2019 12:48 PM PG: 1 OF 5

ATA / GMT Title Agency
85 W. Algonquin Road, Suite 120
Arlington Heights, IL 60005
File # 19663427-JL

Affiants, PETER TRIANTAFILLOS and ALEXIS SMULSON, of legal age and mentally competent, being first duly sworn upon oath deposes and states as follows:

1. Peter Triantafillos resides at 20 S. Main Street, Unit 606, Mount Prospect, IL 60056 and is related to the decedent, being the son;

Alexis Smulson resides at 211 W. Plum Grove Circle, Arlington Heights, IL 60005 and is related to the decedent, being the daughter.

2. The Decedent, ESTELLE TRIANTAFILLOS died on November 26, 2014

3. The Decedent, ESTELLE TRIANTAFILLOS, was married one (1) time. The marriage was to THOMAS TRIANTAFILLOS, who predeceased the Decedent and died on September 1, 2006. Two (2) children were born or adopted to ESTELLE TRIANTAFILLOS and THOMAS TRIANTAFILLOS, namely; PETER TRIANTAFILLOS and ALEXIS TRIANTAFILLOS, n/k/a ALEXIS SMULSON who are both living and of legal age. There were no other children born or adopted to Estelle Triantafillos.

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The HEIRS at LAW of ESTELLE TRIANTAFILLOS are:

PETER TRIANTAFILLOS, one-half (1/2); and

ALEXIS SMULSON, one-half (1/2)

This Affidavits are given for the sole purpose of defining the Grantors of the property commonly known as 7521 Lyons Street, Morton Grove, IL 60053 See attached legal description.

Further, this Affiant sayeth naught.

Peter Triantafillos
PETER TRIANTAFILLOS

Alexis Smulson
ALEXIS SMULSON

SUBSCRIBED and SWORN to before me
this 27 day of August, 2019

[Signature]
Notary Public



Prepared By: to mail to:

Rick J. Erickson, Ltd.
By: Rick J. Erickson
716 Lee Street
Des Plaines, IL 60016
847/390-0100

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EXHIBIT A LEGAL DESCRIPTION

Property Address: 7521 Lyons Street, Morton Grove, IL 60053

Permanent Index Number(s): 09-13-218-006-0000

LOT 15 IN BLOCK M IN UNIT NO. 2, HARRIS PARK VISTA SUBDIVISION, BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE NORTH HALF OF THE NORTHEAST QUARTER AND PART OF THE NORTH 15 ACRES OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED MAY 27, 1955 AS DOCUMENT 16250935, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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COOK COUNTY CLERK VITAL RECORDS


CHICAGO, ILLINOIS

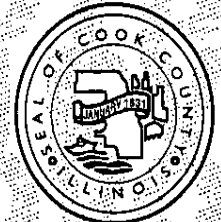
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0090305		DATE ISSUED 12/1/2014	
DECEDENT'S LEGAL NAME ESTELLE TRIANTAFILLOS		SEX FEMALE	DATE OF DEATH NOVEMBER 26, 2014
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH APRIL 02, 1937	
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK	
PLACE OF DEATH HOSPICE FACILITY			
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7521 LYONS STREET	APT. NO.	CITY OR TOWN MORTON GROVE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60053	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN GEORGAS
		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN LILLES	
INFORMANT'S NAME PETER TRIANTAFILLOS		RELATIONSHIP SON	MAILING ADDRESS 20 S MAIN STREET, MT PROSPECT, IL, 60056
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ELM WOOD CEMETERY	LOCATION: CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION DECEMBER 01, 2014
FUNERAL HOME ADINAMIS CORLISS BALODIMAS FUNERAL DIRECTORS LTD, 6150 N. CICERO AVE., CHICAGO, IL, 60646			
FUNERAL DIRECTOR'S NAME EILEEN B CORLISS		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015656	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR DECEMBER 1, 2014	
CAUSE OF DEATH	PART I	PERITONEAL CARCINOMA	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of):	
	b.	Due to (or as a consequence of):	
	c.	Due to (or as a consequence of):	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
			TIME OF DEATH 09:36 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 26, 2014
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TERRY CLARBOUR, 1601 N WESTERN AVE, PARK RIDGE, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 036099064



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


 David Orr
 Cook County Clerk



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