UNOFFICIAL COPY

SPECIAL NOTICE:

This form is NOT required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or ANY LEGAL FORM.



On the Following Date:



Doc# 1936057517 Fee \$88.90

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/26/2019 12:53 PM PG: 1 OF 3

VIVING TENANT AFFIDAVII

the surviving tenant of the tenancy created by the deed with the document do hereby declare under oath that the tenant Thomas E. Tourlas died on 11/23/3019 as evidenced by the attached certified copy of her/his death certificate (see attached). I also declare that the aforementioned tenant was an owner of property with the following details: LEGAL DESCRIPTION Honendix PROPERTY IDENTIFICATION NUMBER (PIN) NOTARY & AFFIANT SIGNATURE SECTION BELOW Signature: S SECTION

1936057517 Page: 2 of 3

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APPENDIX A

UNIT 4919-3 AS DESCRIBED IN SURVEY DELINEATED ON AND ATTACHED TO AND A PART OF A DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE 27TH DAY OF OCTOBER, 1980 AS DOCUMENT 3185240 TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AND AS AMENDED FROM TIME TO TIME, IN AND TO THE FOLLOWING DESCRIBED PREMISES: THAT PART OF LOT 94, BOUNDED AND DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF 181ST STREET AS DEDICATED IN SAID OAK COURT, WITH THE EAST LINE OF ROYAL OAK COURT AS DEDICATED PER TORRENS DOCUMENT NO. 3194582; THENCE NORTH 197.45 FEET ALONG SAID EAST LINE OF ROYAL OAK COURT, TO THE POINT OF BEGINNING OF THE PROPERTY HEREIN DESCRIBED; THENCE NORTH 46.85 FEET: THENCE EAST 24.00 FEET; THENCE NORTH 7.54 FEET; THENCE EAST 6.00 FEET; THENCE, NORTH 22.94 FEET; THENCE EAST 5.50 FEET; THENCE NORTH 21.14 FEET; THENCE WEST 5.50 FEET; THENCE WEST 26.00 FEET, TO SAID EAST LINE OF ROYAL OAK COURT, THENCE NORTH 44.15 FEET; THENCE EAST 78.42 FEET; THENCE SCUTH 21.65 FEET; THENCE EAST 7.00 FEET; THENCE SOUTH 43.70 FEET; THENCE WEST 7.00 FEET; THENCE SOUTH 7.64 FEET; THENCE EAST 7.00 FEET; THENCE SOUTH 52.75 FEET; THENCE WEST 7.00 FEET; THENCE SOUTH 24.47 FEET; THENCE WEST 78.42 FLET; TO THE HEREIN DESIGNATED POINT OF BEGINNING, IN COUNTY OF THE COUNTY AND COUNTY OAK COURT, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIF 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

GERTHECATION OF DEATH RECORD

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

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 		11 2 _ 11 24					

STATE FILE NUMBER 2019 0093678	DATE ISSUED 11/27/2019
DECEDENT'S LEGAL NAME THOMAS ERNEST TOURLAS	SEX DATE OF DEATH MALE NOVEMBER 23, 2019
COUNTY OF DEATH AGE AT LAST BIRTHDAY COOK 89 YEARS	DATE OF BIRTH JULY 11, 1930
THE CALL SALE OF THE PART WITH THE TARE THE PART OF TH	ER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT	
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH CHICAGO, IL DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME: EVER IN U.S. ARMED FORCES? YES
	Y OR TOWN INSIDE CITY LIMITS? INLEY PARK YES
COUNTY STATE ZIP CODE: FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE COOK IL SO477 WILLIAM NICK TOURLAS	BECIVIL UNION MOTHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PAGONA HARTZANIOTIS
INFORMANT'S NAME WILLIAM TOURLAS SON	MAILING ADDRESS 451 SUNNYSIDE, ELMHURST, IL, 60126
METHOD OF DISPOSITION PLACE OF DISPOSITION BURIAL EVEPGREEN CEMETERY	LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION: EVERGREEN PARK, IL DECEMBER 02, 2019
EUNERAL HOME AHLGRIM FUNERAL HOME, 567 S SPRING PD. LEMHURST, IL, 60126	
FUNERAL DIRECTOR'S NAME SCOTT A AHLGRIM	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014322
LÖCAL REGISTRAR'S NAME KAREN A YARBROUGH	DATE FILED WITH LOCAL REGISTRAR NOVEMBER 26, 2019
CAUSE OF DEATH PART L CARDIOPULMONARY ARREST	E GEB
(Final disease of condition Due to (or as a condition resulting in death): b CHRONIC COMBINED CONGESTIVE HEART FALUEE	FROXIMA VAL BETY T AND DE
Due to (or as a consequence on) c. PAROXYSMAL ATRIAL FIBRILLATION; CHRONIC OBSTRU	AS THE MOND OF A SE
	ATTY E POLINIONANT DISEASE
Due to (or as a consequence of): PART I/: Enter other significant conditions contributing to death but not resulting in the underlying cause of	iven in PART.I. WAS AN AUTOPSY PERFORMED? NO
	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE	JANNER OF DEATH
DATE OF INJURY PLACE OF INJURY	INJURÝ AT WORK?
LOCATION OF INJURY	
DÉSCRIBE HOW INJURY OCCURRED	IF TRANSPORTATION INJURY, SPECIFY.
ATTEND.THE DECEASED? DATE LAST SEEN ALIVE: WAS MEDICAL EXAMINER OR YES OCTOBER 29, 2019 CORONER CONTACTED? YES	DATE PRONOUNCED TIME OF DEATH 07:16 PM
CERTIFIER PHYSICIAN	DATE CERTIFIED NOVEMBER 26, 2019
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH	PHYSICIAN'S LICENSE NUMBER



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.



