

UNOFFICIAL COPY

This instrument prepared by:
Gregory Law Offices, Ltd.
1410 Higgins Road, Suite 204
Park Ridge, IL 60068

Doc#: 2321929094 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 08/07/2023 02:41 PM Pg: 1 of 5

Mail this recorded instrument to:
Gregory Law Offices, Ltd.
1410 Higgins Road, Suite 204
Park Ridge, IL 60068

5405 N. Campbell Ave
Chicago IL 60625
13-12-217-016-0000

AFFIDAVIT OF HEIRSHIP

Property of Cook County Clerk's Office

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AFFIDAVIT OF HEIRSHIP

I, **James D. Konstant**, on oath under penalty of perjury state as follows:

1. That the Decedent, **Nikki Konstant**, passed away on August 12, 2008 at the age of seventy-one (71). (Ex. A, Death Certificate of Nikki Konstant.)
2. That the Decedent died leaving no Will.
3. That the Decedent was married to Gus D. Konstant at the time of her death.
4. Two (2) children were born of the marriage between Decedent and Gus D. Konstant, namely: James D. Konstant and Nancy Konstant Momcilovic.
5. No other children were born to or adopted by the Decedent during her marriage to Gus D. Konstant.
6. No other children were born to or adopted by the Decedent outside of her marriage.
7. The Decedent, her husband (Gus D. Konstant), her brother (John Kalantonis), and her brother's wife (Mary Kalantoni) were previous owners of 5405 N. Campbell Avenue, Chicago, IL 60625.
8. The value of the Decedent's estate is \$50,000.00.

Based on the foregoing, the Decedent, **Nikki Konstant**, left surviving as her only heirs at law, the following, all of whom survived the Decedent, and in the absence of any indication of the contrary, are of legal age, mentally competent and if children, are natural children:

Gus D. Konstant (Husband)
 James D. Konstant (Son)
 Nancy Konstant Momcilovic (Daughter)

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CERTIFICATE OF DEATH

EXHIBIT

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS CERTIFICATE OF DEATH				STATE FILE NUMBER
LOCAL FILE NUMBER 610856						
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Nikki Konstant		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) August 12, 2008			
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTH-DAY (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) MAY 05, 1937		
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in other, give street and number) Rush University Medical Center				
7c. PLACE OF DEATH (Check only one; see instructions)						
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Died on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			
8. BIRTHPLACE (City and State or Foreign Country) Greece	9. SOCIAL SECURITY NUMBER 336-40-6689	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If widowed, give last name prior to last marriage) Gus D. Konstant		12. EVEN IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 5405 N. Campbell		13b. APT. NO.	13c. CITY OR TOWN Chicago		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook	13f. STATE Ill	13g. ZIP CODE 60625	14. FATHER'S NAME (First, Middle, Last) Nikolaos Kalantonis		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Stavroula Potakos	
16a. DECEASED'S NAME Gus D. Konstant		16b. RELATIONSHIP Husband		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5405 N. Campbell Chicago, Ill. 60625		
17. METHOD OF DISPOSITION (Final) <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Memorial Park Cemetery		19. LOCATION - CITY, TOWN AND STATE Skokie, Illinois		20. DATE OF DISPOSITION (Month/Day/Year) August 16, 2008
21a. FUNERAL HOME NAME Nicholas M. Pishos Funeral Director, Ltd.		21b. FUNERAL HOME STREET AND NUMBER 1857 N. Harlem Ave.		21c. FUNERAL HOME CITY OR TOWN Chicago, Illinois		21d. FUNERAL HOME STATE Illinois
21e. FUNERAL HOME ZIP 60707		21f. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011449		
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) AUG 13 2008				
24. PART I. CAUSE OF DEATH (See instructions and examples) Enter the chain of events - diseases, injuries or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 Months
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pancreas Carcinoma Due to (or as a consequence of):						
Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of):						
c. _____ Due to (or as a consequence of):						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
27. IVD TOXICOLOGY USE: CONTINUE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code						
35. DESCRIBE HOW INJURY OCCURRED:						
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):						
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON Aug. 12, 2008		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) August 12, 2008		40. TIME OF DEATH 2:37 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.						
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Dr. John Showel 1653 W. Congress Pkwy Chg Il60612					43. PHYSICIAN'S LICENSE NUMBER 016-040765	
44. TITLE OF CERTIFIER Physician		45. DATE CERTIFIED (Month/Day/Year) August 12, 2008		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 10/8)

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

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 13 2008

I, **TERESA WASON, M.D.**, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTH, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ABOVE-MENTIONED CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN Obedience OF SAID LAWS AND ORDINANCES.

THE CERTIFICATE COPY VALID WHEN EMPOWERED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

[Signature]

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

Exhibit A

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 13-12-217-016

Property Address:

5405 North Campbell Avenue, Chicago, IL 60625

Legal Description:

Lot 19 in Fred W. Brunnel and Company's Second Lincoln Bryn Mawr Western Subdivision of the West 330 feet of the Southeast 1/4 of the Northeast 1/4 of the Northeast 1/4 of Section 12, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office