

UNOFFICIAL COPY

96978765

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF COOK)

96978765

DEPT-01 RECORDING \$25.50
T#0003 TRAM 1102 12/30/96 13:28:00
#1051 + RB *-96-978765
COOK COUNTY RECORDER
DEPT-10 PENALTY \$22.00

Gene Karis being duly sworn states that she resides at 964 Sutton Drive, Northbrook, Illinois.

That she is the surviving spouse of Alexander Karis, who, at the time of his death, was one of the joint tenants of certain real estate located in Cook County, Illinois, described as:

Lot 45 in Westview Unit No. 2, being a Subdivision in Section 7 Township 42 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

#04-07-206-015

That the aforesaid deceased joint tenant died on January 3, 1987, as evidenced by the copy of death certificate of the deceased attached hereto.

That the Affiant was and is the sole surviving joint tenant owning the aforescribed real estate.

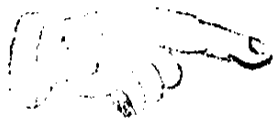
Gene Karis
Gene Karis

SUBSCRIBED AND SWORN TO before me this 19th day of December, 1996.

Stephen N. Engberg
Notary Public
OFFICIAL SEAL
STEPHEN N ENGBERG
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 02/27/98

F 2650
2200
4750
1 11

96978765



Stephen N. Engberg, Esq.
333 W Wacker, #2020
Chicago, IL 60606

UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE OF ILLINOIS **UUUUGA**
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**

DECEASED—NAME: **ALEXANDER, KARIS** SEX: **Male** DATE OF BIRTH: **3, January 3, 1987**

RACE: **White** AGE: **86** DATE OF DEATH: **7, January 7, 1987** COUNTY OF DEATH: **COOK**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Glenview** HOSPITAL OR OTHER INSTITUTION: **Glenbrook Hospital**

CITIZENSHIP: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **10. Married**

SOCIAL SECURITY NUMBER: **353-28-6683** USUAL OCCUPATION: **Self Employed Restaurant**

RESIDENCE: **064 Sutton Drive Northbrook**

FATHER—NAME: **John Geokaris** MOTHER—NAME: **Theofani Navlares**

INFORMANT NAME (TYPE OR PRINT): **Gene Karis** RELATIONSHIP: **Wife** MAILING ADDRESS: **172, 964 Sutton Dr. Northbrook, Ill.**

DEATH WAS CAUSED BY: **Cardiac Arrest** (Enter only one cause per line for (a), (b), and (c))

PART I. IMMEDIATE CAUSE

(a) DUE TO OR AS A CONSEQUENCE OF: **Myocardial Infarction**

(b) DUE TO OR AS A CONSEQUENCE OF: **Coronary Artery Disease**

(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BLIND TO CAUSE GIVEN IN PART I: **Metastatic Lung Ca.**

DATE OF OPERATION, IF ANY: **12/87** MAJOR FINDINGS OF OPERATION: **None**

20b. DATE OF OPERATION, IF ANY: **12/87** MAJOR FINDINGS OF OPERATION: **None**

21a. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21b. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21c. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21d. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21e. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21f. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21g. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21h. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21i. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21j. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21k. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21l. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21m. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21n. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21o. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21p. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21q. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21r. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21s. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21t. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21u. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21v. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21w. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21x. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21y. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

21z. DID NOT ATTEND THE DECEASED AT TIME OF DEATH: **No**

22a. SIGNATURE AND ADDRESS OF CERTIFIER: **Amiga Egan 1500 Sherman #334W Northbrook**

22b. ILLINOIS LICENSE NUMBER: **113/87**

22c. DATE SIGNED (MO., DAY, YR.): **1/3/87**

22d. HOUR OF DEATH: **4:01 A.M.**

23. BUREAU OF VITAL RECORDS: **Elmwood** CITY OR TOWN: **River Grove, Illinois** DATE (MONTH, DAY, YEAR): **Jan. 6, 1987**

24. FUNERAL HOME: **Elmwood** CITY OR TOWN: **River Grove, Illinois**

25. CYPRESS FUNERAL HOME: **1698 Bloomingdale Rd. Glendale Heights, Ill. 60137**

25a. FUNERAL DIRECTOR'S SIGNATURE: **Chris J. Balodimas**

25b. LOCAL REGISTRAR'S SIGNATURE: **Karen L. Scott, M.D.**

25c. REGISTRAR: **Chris J. Balodimas**

25d. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 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.

DATE: **JAN 05 1987** SIGNED: **Nadine McBerry**
 At Cook County Department of Public Health Official Title Chief Deputy Registrar
 1500 S. Maybrook Drive, Maywood, Illinois 60153

59154595

UNOFFICIAL COPY

Property of Cook County Clerk's Office

36976705