

UNOFFICIAL COPY

96225319



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

Stella Brahos

being duly sworn

states that she resides at 4219 Kirk Street in the City of Skokie

That she was acquainted with Angelo Brahos

deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

H96003111

LOTS 39 AND 40 IN BLOCK 1 IN ARTHUR DUNES "L" EXTENSION SUBDIVISION OF PART OF THE WEST 1/2 OF THE NE 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 4219 Kirk Street, Skokie, IL 60076. The Real Property tax identification number is 10-27-211-001 & 002

That the deceased died November 3, 1981, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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 time of the death of the deceased, does not exceed the sum of less than \$600,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Stella Brahos

this 1st day of March, A.D. 19 86

Sharon Mulcahy Brahos
Notary Public



Stella Brahos
(Affiant's signature)

Stella Brahos

COMERICA BANK-IL
8700 N. WAUKEGAN RD.
MORTON GROVE, IL 60053

BOX 333-CTI

96225319

Prepared by
& Mailed to:

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$25.00
1#0012 TRAN 9734 03/25/96 12:12:00
#7175 # CG *-96-225319
COOK COUNTY RECORDER
DEPT-10 PENALTY \$22.00

COMMERCIAL BANK
OF THE CITY OF CHICAGO
CHICAGO, ILL.

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 26 1987 SIGNED Lowell Huchleberry
 AT Skokie Illinois OFFICIAL TITLE Health Director

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

REGISTRATION DISTRICT NO. 1636
 REGISTERED NUMBER 6848

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE'S NUMBER

96225319

1. DECEASED - NAME <u>Angelo J. Brahos</u>		SEX <u>Male</u>		DATE OF BIRTH <u>3 November 3, 1981</u>	
2. RACE <u>White</u>		3. ETHNIC ORIGIN OF DECEASED <u>GREEK</u>		4. COUNTY OF DEATH <u>Cook</u>	
5. SEX <u>Male</u>		6. DATE OF BIRTH <u>3 November 3, 1981</u>		7. COUNTY OF DEATH <u>Cook</u>	
7a. STATE OF BIRTH <u>Illinois</u>		7b. CITY, TOWN, OR VILLAGE OF BIRTH <u>Skokie</u>		7c. HOSPITAL OR OTHER INSTITUTION - NAME AND ADDRESS <u>Skokie Valley Community Hospital</u>	
8. SOCIAL SECURITY NUMBER <u>342-14-2178</u>		9. U.S.A. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>	
11. RESIDENCE STREET AND NUMBER <u>4219 Kirk Street</u>		12. CITY, TOWN, OR VILLAGE OF RESIDENCE <u>Skokie</u>		13. KIND OF BUSINESS OR OCCUPATION <u>self-employed</u>	
14. FATHER - NAME <u>John Brahos</u>		15. MOTHER - MAIDEN NAME <u>UNKNOWN</u>		16. DATE OF SURVIVING SPOUSE <u>UNKNOWN</u>	
17a. DEATH WAS CAUSED BY <u>Cardiac Arrest</u>		17b. IMMEDIATE CAUSE <u>due to or as a consequence of</u>		17c. INTERMEDIATE CAUSE <u>Central Illinois State Hospital</u>	
18. PART I. CONDITIONS IF ANY, WHICH GIVE RISE TO STATING THE UNDERLYING CAUSE LAST		19. PART II. OTHER SIGNIFICANT CONDITIONS		20. DATE OF OPERATION IF ANY	
21. DATE OF OPERATION <u>Oct 31 1981</u>		22. NAME AND ADDRESS OF CERTIFIER <u>Stephanos Fishkin M.D., 64 Old Orchard, Skokie IL 60076</u>		23. ILLINOIS LICENSE NUMBER <u>36-34352</u>	
24. BIRTH <u>Nov 3, 1981</u>		25. DEATH <u>Nov 3, 1981</u>		26. HOUR OF DEATH <u>3:38 P.M.</u>	
27. BIRTH <u>Nov 3, 1981</u>		28. DEATH <u>Nov 4, 1981</u>		29. HOUR OF DEATH <u>3:38 P.M.</u>	
30. BIRTH <u>Nov 3, 1981</u>		31. DEATH <u>Nov 3, 1981</u>		32. HOUR OF DEATH <u>3:38 P.M.</u>	

24b. FUNERAL HOME Lee At Perry Sts.

25. FUNERAL DIRECTOR'S SIGNATURE Robert S. Schaefer

26. LOCAL REGISTRAR SIGNATURE Lowell Huchleberry M.D.

27. DATE RECD. BY LOCAL REGISTRAR NOV 5 1981

28. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

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