

210

ESTATE OF:

EVELYN L. PAPPAS,

Deceased.

DEPT-01 RECORDING \$25.50  
T40011 TRAN 1737 05/28/96 16:03:00  
#1932 + RV \*-96-398509  
COOK COUNTY RECORDER

AFFIDAVIT OF HEIRSHIP

PAMELA S. PAPPAS, under the penalties of perjury states:

1. The decedent, Evelyn L. Pappas, died at Cook County, Melrose Park, Illinois on January 10, 1995 at the age of ~~74~~ <sup>74 x 100</sup> years.
2. I am of legal age. I reside at 303Q North Sheffield, Chicago, Illinois. I am the daughter of decedent.
3. The decedent was married only one time to Paul Pappas, who predeceased the decedent. The marriage was terminated by divorce, AND PAUL PAPPAS NEVER RE-MARRIED. X
4. The decedent had only one child born to that marriage and no other children were born to or adopted by her. That child is: Pamela S. Pappas, petitioner herein.
5. Pamela S. Pappas is living, of legal age and mentally competent.

Based on the foregoing, decedent left surviving as her only heir the following: Pamela S. Pappas, her daughter.

*Pamela S. Pappas*  
Affiant

Subscribed and Sworn to before me this 26 day of April, 1996.

*Patrick W. O'Brien*  
NOTARY PUBLIC

ATTORNEYS' TITLE GUARANTY FUND, INC.

OFFICIAL SEAL  
PATRICK W O'BRIEN  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXP. JUNE 7, 1997

Law Office of Robert J. Ralis  
561 W. Diversey, #206  
Chicago, Illinois 60614  
Tel. (312) 327-2302



25-50/74

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I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David D. Orr*  
County Clerk

Print in Permanent Ink  
Registrar, Director,  
Physician  
Handbook for  
INSTRUCTIONS

DECEASED'S BIRTH NO. \_\_\_\_\_  
REGISTRATION DISTRICT NO. 16 DB  
REGISTERED NUMBER \_\_\_\_\_  
STATE OF ILLINOIS  
STATE FILE NUMBER 91-030899  
**MEDICAL CERTIFICATE OF DEATH**

1. DECEASED-NAME FIRST MIDDLE LAST: PAUL L. PAPPAS SEX: 2 Male DATE OF DEATH (MONTH, DAY, YEAR): 3 May 12, 1991  
4. COUNTY OF DEATH: Cook AGE-LAST BIRTHDAY (M, D, Y): 5a. 69 UNDER 1 YEAR: 5b. UNDER 1 DAY: 5c. DATE OF BIRTH (MONTH, DAY, YEAR): 5d. January 2, 1922  
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Morton Grove 6b. HOSPITAL OR OTHER INSTITUTION, NAME IF NOT IN EITHER, GIVE STREET AND NUMBER: Bethany Terrace Nursing Home 6c. IF HOSP. OR INST. INDICATE DO A OPENER, P.M. INPATIENT (SPECIFY): Inpatient  
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Indianola, IA 8a. MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED (SPECIFY): divorced 8b. NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE): \_\_\_\_\_ 8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): yes  
10. SOCIAL SECURITY NUMBER: 479-12-5847 11a. USUAL OCCUPATION: Public Relations 11b. KIND OF BUSINESS OR INDUSTRY: Advertising 12. EDUCATION (SPECIFY YEAR / HOME/SCHOOL GRADE COMPLETED): 4  
13a. RESIDENCE (STREET AND NUMBER): 4910 Louise Avenue 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Skokie 13c. INSIDE CITY (YES/NO): yes 13d. COUNTY: Cook  
13e. STATE: Illinois 13f. ZIP CODE: 60077 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN OR PACIFIC ISLANDER): White 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YR IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): NO 14c. SPECIFY: \_\_\_\_\_

15. FATHER'S NAME FIRST MIDDLE LAST: John Pappas 16. MOTHER'S NAME FIRST MIDDLE LAST (MARRIED): Mildred Jones  
17a. INFORMANT'S NAME (TYPE OR PRINT): Dorothy Pauletti 17b. RELATIONSHIP: Friend MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP): 4910 Louise Ave., Skokie, IL 60077

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE DURATION OF THE (A) OR (B) DISEASE IN \_\_\_\_\_  
Immediate Cause (Final disease or condition resulting in death) (a) Aspirational bronchopneumonia 12 months  
DUE TO, OR AS A CONSEQUENCE OF  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Severe dysphagia 24 hours  
DUE TO, OR AS A CONSEQUENCE OF  
STATE THE UNDERLYING CAUSE LAST. (c) Extensive organic brain disease years

PART II. Other significant conditions contributing to death but not listed in the underlying cause given in PART I: Multi-infarct dementia  
19a. AUTOPSY (YES/NO): NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): NO

20a. DATE OF OPERATION, IF ANY: \_\_\_\_\_ 20b. MAJOR FINDINGS OF OPERATION: \_\_\_\_\_ 20c. IF FEMALE, WAP WERE A PREGNANCY IN PAST THREE MONTHS? YES ( ) NO ( )

21a. DID (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM LIE ALIVE ON (MONTH, DAY, YEAR): did May 8, 1991 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO 21c. HOUR OF DEATH: 8:00 A.M.

22a. SIGNATURE: Eladio A. Vargas 22b. DATE SIGNED (MONTH, DAY, YEAR): May 13, 1991

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Eladio A. Vargas, M.D., 1500 Waukegan Rd., Glenview, IL 22d. ILLINOIS LICENSE NUMBER: 36-51813  
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): \_\_\_\_\_ NOTE: IF AN ANATOMY WAS INVOLVED IN THE DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation 24b. CEMETERY OR CREMATORY NAME: Montrose 24c. LOCATION CITY OR TOWN STATE: Chicago, Illinois 24d. DATE (MONTH, DAY, YEAR): May 14, 1991

25a. FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP: Haben Funeral Home 8057 Niles Center Road, Skokie, Illinois 60077

25b. FUNERAL DIRECTOR'S SIGNATURE: Eladio A. Vargas 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 8623

26a. LOCAL REGISTRY SIGNATURE: Eladio A. Vargas 26b. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR): May 14, 1991

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DECEASED'S BIRTH NO. 1635

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
REGISTRATION DISTRICT NO. 1635  
REGISTERED NUMBER 21  
STATE FIRE NUMBER 95338509

Form with fields for DECEASED-NAME (Evelyn Cook), COUNTY OF DEATH (Cook), DATE OF BIRTH (October 22, 1920), DATE OF DEATH (January 10, 1996), SEX (Female), UNDERLYING CAUSE (Cancer), and SIGNATURE (Joseph J. Stacey).

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OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761  
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 registrar provides 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 herein stated.

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: December 26, 1995  
SIGNED: [Signature]  
MILWAUKEE OFFICIAL TITLE: DEPUTY REGISTRAR  
Melrose Park, IL

DECEASED'S BIRTH NO. 1635  
REGISTERED NUMBER 21  
STATE OF ILLINOIS  
REGISTRATION DISTRICT NO. 1635  
REGISTERED NUMBER 21  
STATE FIRE NUMBER 95338509

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