

Peoples Fed
Hmd
116740-83

TICOR TITLE INSURANCE
Crown Point, Indiana

729723

2

STATE OF INDIANA)
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now George D. Koulianos, being duly sworn upon his oath and states as follows:

That George D. Koulianos is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Key 14-117-12
Lot 45 in Block 5 in Pheasant Hills Addition Unit 2A, to the Town of Dyer, as per plat thereof, recorded in Plat Book 40 page 131, in the Office of the Recorder of Lake County, Indiana.

And that George D. Koulianos and Christine Koulianos, now deceased, were husband and wife at the time they acquired title, as tenants by the entirety, to said real estate, by deed of conveyance dated the 18th day of August, 1971, and recorded in the Office of the Lake County Recorder.

That the marital relationship which exists between this affiant and Christine Koulianos, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Christine Koulianos, his wife on the 3rd day of September 1982, at which time this affiant acquired title to the real estate as surviving tenant by the entirety. Died Intestate

That the gross value of the estate of the decedent, Christine Koulianos, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

X George D. Koulianos
AFFIANT *George D. Koulianos*

(VERIFICATION)

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, on this 5th day of October, 1983.

Jodi L. Stout
Notary Public *Jodi L. Stout*

My Commission Expires:

1/13/87

Resident of Lake County

Prepared by:

Frank J. Bochnowski, Attorney at Law
8235 Calumet Avenue, Suite B
Munster, IN 46321
219-836-8424

FILED

OCT 13 1983

Jodi L. Stout
NOTARY LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
OCT 17 10 48 AM '83
WILLIAM BIELSKI JR
RECORDER

428

Yi
550

116740
 Unit No. 2-A of 45 Bk 5
 Account with Dr.
 11-17-12
 429

STATE OF ILLINOIS
 STATE FILE NUMBER
 51438

DECEASED - NAME
 FIRST MIDDLE LAST
 CHRISTINE KOULIANOS
 SEX
 2. FEMALE
 DATE OF DEATH
 SEPTEMBER 3, 1982

1. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)
 4a. WHITE
 4b. GREECE
 5a. 40
 5b. 40
 5c. 00
 7a. COOK
 DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

7b. DES PLAINES
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
 7c. HOLY FAMILY HOSPITAL
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
 7d. INPATIENT
 IF HOSP. OR INST. INDICATE DATE OF EXPIR. OR INPATIENT STATUS

9. U.S.A.
 10. MARRIED
 11. GEORGE DENO KOULIANOS
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIDOWED, NEVER MARRIED, DIVORCED, MARRIED)
 12. 312-44-0038
 13a. HOMEMAKER
 13b. OWN HOME
 13c. NO
 13d. NONE
 U.S. WAR VETERAN KIND OF BUSINESS OR INDUSTRY WAR OR DATES OF SERVICE

14a. 2548 SYCAMORE DR
 14b. DYER
 14c. YES
 14d. LAKE
 RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY STATE

15. FATHER - NAME
 FIRST MIDDLE LAST
 JOHN GEORGE RALLES
 MOTHER - MAIDEN NAME
 SHIRLEY EKONOT

17a. GEORGE KOULIANOS
 17b. HUSBAND
 17c. 172548 SYCAMORE DR. DYER, INDIANA 46311
 INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. DEATH WAS CAUSED BY:
 [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
 (a) Immediate Cause
 Coronary Artery Accident
 (b) Intermediate Cause
 Metastatic Carcinoma of the Breast
 (c) Other Significant Conditions
 Conditions Contributing to Death but Not Related to Cause Given in Part (a)

PART I. IMMEDIATE CAUSE
 WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (a)

DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 20a. 209

21a. LATTERED THE DECEASED FROM
 8/27/82 TO 9/3/82
 21b. 9/3/82
 21c. 9/2/82
 21d. 4:30
 21e. 9/3/82
 DATE SIGNED (MONTH, DAY, YEAR) AND LAST SAW HIM (MONTH, DAY, YEAR) HER ALIVE ON

22a. SIGNATURE
 [Signature]
 NAME AND ADDRESS OF CERTIFIER
 G.H. Lewis 960 Royal Rd Suite 205 Des Plaines
 22b. 9/3/82
 22c. 9/3/82
 22d. 36-5525
 ILLINOIS LICENSE NUMBER (TYPE OR PRINT)

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

BURNAL CREMATION
 24b. Elmwood Cemetery
 24c. Hammond, Indiana
 24d. Sept. 6,
 FURNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

BURNS-KISH FURNERAL HOME 5840 HOHMAN AVE. HAMMOND, INDIANA 46320
 FURNERAL DIRECTOR'S SIGNATURE
 [Signature]
 25b. #912
 FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

LOCAL REGISTRAR'S SIGNATURE
 KAREN E. SCOTT, M.D.
 26b. 9-4-82
 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records
 (BASED ON 1978 U.S. STANDARD CERTIFICATE)

REGISTRATION DISTRICT NO. 16-0
 REGISTERED NUMBER

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 SEP 9 1982

Signed

At Cook County Department of Public Health
 1500 S. Maybros Drive

Official Title
 Maywood, Illinois 60153

Chief Deputy Registrar

FILED
 OCT 13 1982
 [Signature]
 LOCAL REGISTRAR'S SIGNATURE
 KAREN E. SCOTT, M.D.
 26b. 9-4-82
 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)