

164224

TICOR TITLE INSURANCE

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROBERT J. CAPLAN
RECORDER
LAKE COUNTY

JAN 10 9 24 AM '92

STATE OF INDIANA
TICOR TITLE INSURANCE

Helen Tsapaliaris, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Kostantinos Tsapaliaris died (without leaving a will) (~~XXXXXXXXXXXX~~) on SEPT. 17, 1991 at ST. MARY HOSPITAL

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

1215 Lakeview Street
Whiting, IN 46394

LEGAL DISCRPTION: Lot 31 in Resubdivision of The Citizens Company's 2nd Addition to the City of Hammond, as recorded in Plat Book 18, Page 10, in the office of the Recorder of Lake County, Indiana.

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32-148-33

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~XXXX~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.



FILED

JAN 9 1992

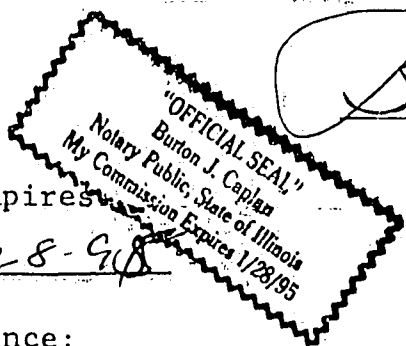
Further affiant sayeth not.



Anna N. Anton
RECORDER LAKE COUNTY

HELEN TSAPALIARIS
Helen Tsapaliaris

Subscribed and sworn to before me, a Notary Public, this 9th day of DEC., 1991.



Burton J. Caplan
Notary Public

My Commission expires 1-28-95

County of Residence: Cook

This Instrument prepared by HELEN TSAPALIARIS

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TICOR TITLE INSURANCE
Cook County Indiana
MO

STATE OF ILLINOIS
**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

STATE FILE #
NUMBER 11
617710

164224
313 SEP 91

SEP 20 1991
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DECEASED-NAME: **GUS KOSTANTINOS TSAPALIARIS** SEX: **2-MALE** DATE OF DEATH: **3-SEPT-17-1991**

COUNTY OF DEATH: **4-COOK** AGE-LAST BIRTHDAY (YRS): **5a-31** UNDER 1 YEAR: **5b-0** UNDER 1 DAY: **5c-0** DATE OF BIRTH (MONTH, DAY, YEAR): **5d-APRIL 17, 1960**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **6a-CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6b-NORTH WESTERN MEMORIAL HOSPITAL** IF HOSP. OR INST. INDICATE O.O.A., O.P.E.M.E.R., I.M., INPATIENT (SPECIFY): **6c-INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7-GREECE** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a-MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b-HELEN ANASTASIOU** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9-NO**

SOCIAL SECURITY NUMBER: **10-304-06-3814** USUAL OCCUPATION: **11a-SELF-EMPLOYED** KIND OF BUSINESS OR INDUSTRY: **11b-RESTAURANT** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12-8**

RESIDENCE (STREET AND NUMBER): **13a-1215 LAKEVIEW** CITY, TOWN, OR ROAD DISTRICT NO.: **13b-WHITING INDIANA** INSIDE CITY (YES/NO): **13c-YES** COUNTY: **13d-LAKE**

FATHER-NAME: **15-ELIAS TSAPALIARIS** MOTHER-NAME: **16-HELEN KARAKAS**

INFORMANT'S NAME (TYPE OR PRINT): **17a-HELEN TSAPALIARIS** RELATIONSHIP: **17b-WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c-1215-Lakeview, WHITING INDIANA, 46394**

18. PART I. Enter the disease, injuries, 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.

Immediate Cause (Final disease or condition resulting in death): **(a) GUNSHOT WOUND OF CHEST**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): **20a-HOMICIDE** DATE OF INJURY (MONTH, DAY, YEAR): **20b-SEPTEMBER 17, 1991** HOUR: **20c-8:00A M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): **20d-GUNSHOT**

INJURY AT WORK (YES/NO): **20e-YES** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **20f-HOT DOB STAND** LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., COUNTY, STATE): **20g-CHICAGO, COOK CO., IL-60615** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20h-YES NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE, AND DUE TO THE CAUSE(S) STATED, AND THAT:

CORONER'S - MEDICAL EXAMINER'S SIGNATURE: **BARRY D. LIFSCHULTZ, M.D.** DATE SIGNED: **22b-SEPTEMBER 17, 1991**

CORONER'S PHYSICIAN'S SIGNATURE: **BARRY D. LIFSCHULTZ, M.D.** DATE SIGNED: **22c-SEPTEMBER 17, 1991**

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a-BURIAL** CEMETERY OR CREMATORY-NAME: **24b-EVERGREEN CEMETERY** LOCATION: **24c-EVERGREEN PARK ILLINOIS** DATE (MONTH, DAY, YEAR): **24d-SEPT. 21, 1991**

FUNERAL HOME: **25a-ROBERT J. SHEEHY & SONS FUNERAL HOME 10727 S. PULASKI RD. CHICAGO, IL, 60655**

FUNERAL DIRECTOR'S SIGNATURE: **25b-Archibald Collins** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c-034-008877**

LOCAL REGISTRAR'S SIGNATURE: **26a-Virginia L. Parker, M.B.A.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b-SEP 20 1991**



I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, 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 ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Virginia L. Parker, M.B.A.
ACTING LOCAL REGISTRAR

*Paul City Co's and
#38-14833
Rt 31*

FILED
THIS CERTIFIED COPY VALID WHEN
MUL 1991 OR SIGNATURE SEAL IS
AFFIXED.

TICOR TITLE INSURANCE
Crown Point Indiana