

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 205
CROWN POINT, IN 46037

SURVIVORSHIP AFFIDAVIT

Lake County, Indiana

93083920

STATE OF INDIANA, COUNTY OF Lake, SS:

Paraskeri Tsilimos, being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake, State of Indiana. That she is the surviving spouse of Peter Tsilimos who died on the 6th day of January, 1992, and that as such surviving spouse

is the owner of the following real estate situated in Lake County, Indiana:

Morning Sun Homes

ht 48
Document is NOT OFFICIAL!

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That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That said decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.



Paraskeri Tsilimos
Paraskeri Tsilimos

Sworn to before me and subscribed in my presence this 22nd day of November, 1993.

Resident of Lake County.

Notary Public *LORETTA SBOSSER*

NOV 30 1993

My Commission Expires: 4/17/96
Anna R. Antos
AUDITOR LAKE COUNTY

PREPARED BY: PARASKEE TSILIMOS

Note: Document to be recorded in the Office of the Recorder

EXHIBIT ATTACHED

dy
lee

DISTRICT NO 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

600389

SEP 04 1992

REGISTERED NUMBER

DECEASED-NAME: Panteleis PETER TSILIMOS, SEX: MALE, DATE OF DEATH: JANUARY 6, 1992

COUNTY OF DEATH: COOK, AGE-LAST BIRTHDAY: 79, UNDER 1 YEAR: 0, UNDER 1 DAY: 0, DATE OF BIRTH: SEPTEMBER 27, 1912

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO, HOSPITAL OR OTHER INSTITUTION: VETERANS AFFAIRS LAKESIDE MEDICAL CENTER, IN-PATIENT

BIRTHPLACE: GREECE, MARRIED: MARRIED, NAME OF SURVIVING SPOUSE: PERRIE MIHALAS PARASKEVI KARAKOVS, WAS DECEASED EVER IN US ARMED FORCES: YES

SOCIAL SECURITY NUMBER: 10-074-12-5583, USUAL OCCUPATION: PAINTER, KIND OF BUSINESS OR INDUSTRY: Industry, EDUCATION: 12

RESIDENCE: 13404 CHURCH STREET, CITY, TOWN, TWP, OR ROAD DISTRICT NO: CROWN POINT, INSIDE CITY: NO, COUNTY: LAKE

STATE: INDIANA, ZIP CODE: 46307, RACE: WHITE, ETHNIC OR HISPANIC ORIGIN: NO, MOTHER'S NAME: Irene Fotinos

FATHER-NAME: Kyriako Tsilimos, MOTHER'S NAME: Irene Fotinos

INFORMANT'S NAME: PORTIA McINTYRE, RELATIONSHIP: RECORDS, ADDRESS: 3331 E. HURON STREET, CHICAGO, ILLINOIS 60611

18. PART I. Immediate Cause (Final disease or condition resulting in death): PNEUMONIA

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: AUTOPSY: NO

DATE OF OPERATION, IF ANY: MAJOR FINDINGS OF OPERATION: IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS: NO

19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: VA. JANUARY 6, 1992, WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO): NO, HOUR OF DEATH: 11:05P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED, DATE SIGNED: 1/7/92

22a. SIGNATURE: Douglas A. Lee, M.D., NAME AND ADDRESS OF CERTIFIER: Douglas A. Lee, ILLINOIS LICENSE NUMBER: 125-26196

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial, CEMETERY OR CREMATORY-NAME: Calumet Park, LOCATION: Merrillville, Indiana, DATE: January 11, 1992

FUNERAL HOME: Elmwood Chapel 11200 s. Ewing Chicago Illinois 60617, FUNERAL DIRECTOR'S SIGNATURE: DATE FILED IN LOCAL REGISTER: JAN 8 1992

25b. FUNERAL DIRECTOR'S SIGNATURE: 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 9108

26a. LOCAL REGISTRAR'S SIGNATURE: 26b. DATE FILED IN LOCAL REGISTER (MONTH, DAY, YEAR): JAN 8 1992

VI200 (Rev. 5/88) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A., 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.

Signature of Virginia L. Parker, Local Registrar

Handwritten signature: Virginia L. Parker, # 9-245-48

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED:

DEPARTMENT OF HEALTH - CITY OF CHICAGO