

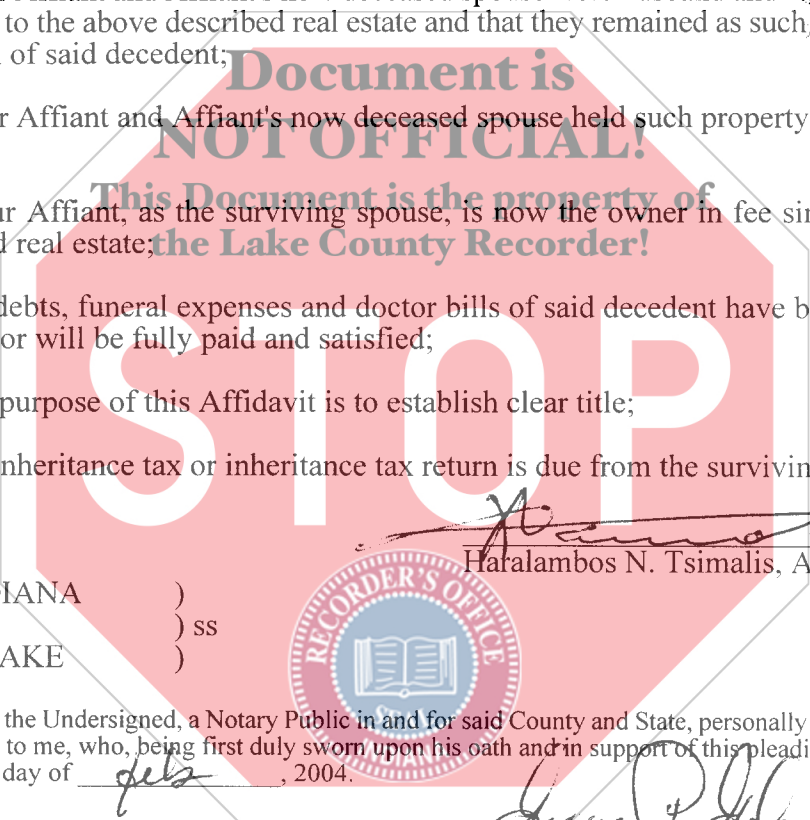
STATE OF INDIANA )  
 ) ss  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

I, **HARALAMBOS N. TSIMALIS**, being first duly sworn, and in support of this *Affidavit of Survivorship*, deposes and says:

1. That your Affiant is of lawful age and resides in Lake County, Indiana;
2. That your Affiant is the surviving spouse of Triantafyllia Tsimalis, now deceased;
3. That Triantafyllia Tsimalis, now deceased, a resident of Lake County, Indiana, died on August 17, 2003 (See attached Medical Certificate of Death);
4. That during their lifetimes, your Affiant and Affiant's now deceased spouse were owners and grantees of a certain parcel of real estate situated in Lake County, Indiana:  
More commonly known as: 2856 DeKalb Street  
Lake Station, Indiana 46405
5. That your Affiant and Affiant's now deceased spouse were husband and wife at the time they took title to the above described real estate and that they remained as such continuously until the death of said decedent;
6. That your Affiant and Affiant's now deceased spouse held such property as Tenants by the Entirety;
7. That your Affiant, as the surviving spouse, is now the owner in fee simple of the above described real estate;
8. That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied or will be fully paid and satisfied;
9. That the purpose of this Affidavit is to establish clear title;
10. That no inheritance tax or inheritance tax return is due from the surviving spouse.

2004041005  
2004 MAY 18 1:03  
OFFICE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MORRISVILLE  
RECORDER'S OFFICE



STATE OF INDIANA )  
 ) ss  
COUNTY OF LAKE )

*Haralambos N. Tsimalis*  
Haralambos N. Tsimalis, Affiant

Before me, the Undersigned, a Notary Public in and for said County and State, personally appeared Haralambos N. Tsimalis, known to me, who, being first duly sworn upon his oath and in support of this pleading or paper, executed same on this 9 day of July, 2004.

*George P. Galanos*  
George P. Galanos, Notary Public

My commission expires: April 12, 2010  
My county of residence: Lake

FILED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER  
MAY 18 2004

Prepared by: George P. Galanos Attorney at Law One Professional Center, #306 Crown Point, IN 46307 219/663-1938



STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001530  
12/20

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

**611935**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**AUG 18 2003**

I, JOHN L. WILHELM, M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME FIRST MIDDLE LAST <b>TRIANTAFYLIA TSIMALIS</b>		2. SEX <b>FEMALE</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>AUGUST 17, 2003</b>	
4. COUNTY OF DEATH <b>CHICAGO</b>		5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 23, 1945</b>		6c. INPATIENT IF HOSP. OR INST. INDICATE D.O.A., OP-EMER. RM, INPATIENT (SPECIFY)	
5a. AGE-LAST BIRTHDAY (YRS) <b>58</b>		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>THE UNIVERSITY OF CHICAGO HOSPITALS</b>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Greece</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		9. WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) <b>NO</b>	
7. SOCIAL SECURITY NUMBER <b>313-62-1236</b>		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Hazalambos N. Tsimalis</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (11-4 or 5+) <b>1</b>	
10. RESIDENCE (STREET AND NUMBER) <b>2856 Dekalb St.</b>		11a. USUAL OCCUPATION <b>Beautician</b>		13d. COUNTY <b>Lake</b>	
11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Lake Station</b>		13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		13c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13e. STATE <b>Indiana</b>		14a. MOTHER-NAME FIRST MIDDLE LAST <b>Mpartzis</b>		16. RELATIONSHIP <b>HOSPITAL</b>	
14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: <b>MIDDLE</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP) <b>3841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>NO</b>	
15. FATHER'S NAME FIRST MIDDLE LAST <b>Hariiaos</b>		18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Cerebellar Hemorrhage</b> <b>(b) Follicular Anaplastic Thyroid Cancer</b>		20b. MAJOR FINDINGS OF OPERATION <b>8-17-2003</b>	
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>ROSE IKARD</b>		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	
20a. DATE OF OPERATION, IF ANY		21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>8-17-2003</b>		21c. HOUR OF DEATH <b>7:47 P</b>	
21. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) <b>Darrell Powe</b>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>AUGUST 17, 2003</b>	
22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>DARRELL POWE, MD</b>		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>JOHN P KRESS, MD</b>		22d. ILLINOIS LICENSE NUMBER <b>125-045854</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24a. CEMETERY OR CREMATORY-NAME <b>Calumet Park</b>		24b. CITY OR TOWN <b>Merrillville, IN.</b>	
24b. FUNERAL HOME NAME <b>Travis Funeral Service</b>		24c. STREET AND NUMBER OR R.F.D. <b>437 Manistee Calumet City, IL. 60409</b>		24d. DATE (MONTH, DAY, YEAR) <b>8-18-2003</b>	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm</i>		25b. FUNERAL DIRECTOR'S NAME <b>John L. Wilhelm, M.D.</b>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>34-014179</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm</i>		26b. LOCAL REGISTRAR'S NAME <b>John L. Wilhelm, M.D.</b>		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>AUG 18 2003</b>	