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1/18/02 38 001 Page 1 of 3
2002-01-25 15:02:15
Cook County Recorder 25.50

**.REAL ESTATE
MORTGAGE
WITH HOMESTEAD
WAIVER**

Page 1



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10354828

THIS INDENTURE, WITNESSETH That Howard L. Kendall and Jurlene Kendall, husband and wife, as Joint Tenants Mortgagor(s), of Cook County, State of Illinois, hereby convey and warrant to Banco Popular North America a corporation duly organized and existing under the laws of the State of Illinois, Mortgagee, of Cook County, State of Illinois, for the sum of Eleven Thousand Nine Hundred Twenty Nine Dollars and 20/100****Dollars, for the following described real estate in Cook County, of Illinois.

Lot 22 in Block 1 of Richard S. Cox Jr.'s Subdivision of 10 acres in the South East Quarter of the South West Quarter of Section 17, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

P.R.E.I.#: 20-17-321-024

Property Address: 6143 South Ada Street, Chicago, IL 60636 Cook County

The said Mortgagor(s) covenant and agree with the said Mortgagee that they are legal owners of above described real estate and do hereby release and waive all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois, to said Mortgagee.

This mortgage is given to secure the indebtedness of a note of even date in the amount of \$11,929.20 re-payable in 59 equal monthly installments of \$198.82 each beginning on the 7th of January 2002 as executed by Howard L. Kendall and Jurlene Kendall, husband and wife, as Joint Tenants Mortgagors, to said Mortgagee upon full payment of which this conveyance shall become void.

BOX 22

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REAL ESTATE MORTGAGE WITH HOMESTEAD WAIVER

Page 2

The said Mortgagor(s) agree to pay all taxes and assessments on said property and insure the property against direct loss or damage occasioned by fire; and upon Mortgagors failure to do so the owner of the above indebtedness may pay same and add the amounts thereof to the indebtedness due.

The said Mortgagor(s) agree to pay all reasonable attorney's fees, costs, and expenses, including expenses of obtaining evidence of title and appraisals incurred by Mortgagee in the event of foreclosing this mortgage.

In Witness Whereof the said Mortgagor(s) have hereunto set his hand(s)

this day of Jan 2, A.D. 2002.

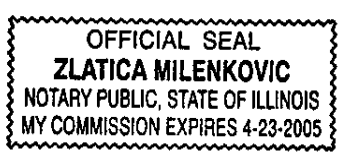
By: Howard L. Kendall By: _____
HOWARD KENDALL

By: _____ By: _____
DURLENE KENDALL

STATE OF ILLINOIS, County of Cook, SS.

I, the undersigned, a Notary Public in and for said county and State aforesaid, do hereby certify that HOWARD L. KENDALL personally known to me to be the same person(s) whose name(s) sub-scribed to the foregoing instrument appeared before me this day in person and acknowledged that he signed, sealed and delivered said instrument as a free and voluntary act, for then uses and purposes therein set forth, including the release and waiver of the right of homestead.

GIVEN UNDER MY HAND AND SEAL THIS 2ND DAY OF January 2002



Zlatica Milenkovic
NOTARY PUBLIC

THIS DOCUMENT WAS DRAFTED BY Damaris Delgado
BANCO POPULAR North America
2525 N. KEDZIE BLVD.
CHICAGO, IL. 60647

BOX 22

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DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

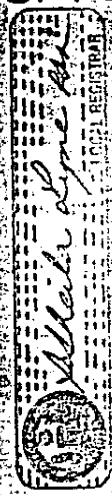
STATE FILE NUMBER **601562**

DECEASED-NAME JURLENE MIDDLE LAST KENDALL		SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JANUARY 25, 1998
COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY (YRS) 55	UNDER 1 DAY HOURS MIN 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d SEPTEMBER 7, 1942
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. THE UNIVERSITY OF CHICAGO HOSPITALS		F. HOSP. OR INST. INDICATE D.O.A. OFFICER, PAI, INPATIENT (SPECIFY) 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 FALLS COUNTY, TX	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b HOWARD KENDALL, SR.		WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) 8 NO
SOCIAL SECURITY NUMBER 10 459 80 2254	USUAL OCCUPATION 11a BUS COORDINATOR	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12	College (1-4 of 5)
RESIDENCE (STREET AND NUMBER) 13a 6143 SOUTH ADA	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK
STATE 13e ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUEBTO RICAN, etc.) 14b NO	
FATHER-NAME FIRST MIDDLE LAST 15 CLIFFTON LONDON, JR.	MOTHER-NAME FIRST MIDDLE LAST 16 ELLNER MAE WILLY		
INFORMANT'S NAME (TYPE OR PRINT) 17a MAYBEINE GIGGERS	RELATIONSHIP 17b SISTER	MAILING ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 17c 5841 SOUTH MARSHFIELD CHICAGO, ILLINOIS 60637	
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. Immediate Cause (Final disease or condition resulting in death) (a) CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)			
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	AUTOPSY (YES/NO) 19a NO	WAS AUTOPSY PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b NO
(TOD) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a	DATE OF DEATH (MONTH, DAY, YEAR) JANUARY 25, 1998	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO	HOUR OF DEATH 21c 8:25 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
NAME AND ADDRESS OF CERTIFIER 22a	DATE SIGNED (MONTH, DAY, YEAR) 22b JANUARY 26, 1998	ILLINOIS LICENSE NUMBER 22c 125-035727	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23 GREGORY A. SCHMIDT, MD			
BURIAL CREMATION, REMOVAL (SPECIFY) 24a BURIAL	CEMETERY OR CREMATORY-NAME 24b CEDAR GROVE	CITY OR TOWN 24c SATIN, TEXAS	STATE 24d TEXAS
FUNERAL HOME 25a CARTER FUNERAL CHAPELS, LTS. 2100 EAST 75th STREET CHICAGO, ILLINOIS 60649	STREET AND NUMBER OR R.F.D. 25b	CITY OR TOWN 25c CHICAGO, ILLINOIS 60637	STATE 25d ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE <i>Henry Joseph Carter</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25e 034-009015	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OF MEDICAL EXAMINER MUST BE NOTIFIED.	
LOCAL REGISTRAR'S SIGNATURE <i>William J. Carter</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 28 1998		

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JAN 28 1998

STATE 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.



THIS CERTIFIED COPY VALID WHEN AFFIXED WITH TWO ORIGINAL SIGNATURE SEALS