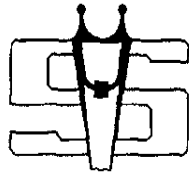


STEWART TITLE OF ILLINOIS
2 N. LaSALLE STREET
SUITE 1920
CHICAGO, IL 60602



Sanctity of Contract

Stewart Title Company of Illinois

THIS DOCUMENT IS BEING
RE-RECORDED TO DELETE AN
IMPROPER LEGAL DESCRIPTION AND
TO REFLECT THE PROPER LEGAL DESCRIPTION



Doc#: 0331103048
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds

DECEASED JOINT TENANCY AFFIDAVIT Date: 11/07/2003 10:51 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File number: 268981

Ardella Powell.
being duly sworn states that she. resides at 1624 Wallace in the City of Chicago

3
57
D

1828976
2/6/08

That she was acquainted with Lewis William Powell, Jr. deceased who, at the time of death, was one of the
sworn of the land in COOK County, Illinois, describes as:
see attached.

That the deceased died Aug. 22, 1998 as evidenced by a certified copy of death certificate of the deceased
attached hereto.

- ◊ That the deceased died: Leaving no Last Will & Testament.
- ◊ Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of NA County, Illinois.
- ◊ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of NA County, Illinois about NA.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 100,000 dollars.

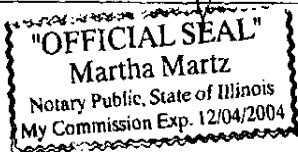
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 17th day of Jan., A.D. 2003

Martha Martz
Notary Public

Ardella Powell
(Affiant's Signature)



File Number: TM86035

UNOFFICIAL COPY

LEGAL DESCRIPTION

Lot 34 and the North 6 feet of Lot 33 in a Subdivision of Block 14 in O'Dell's Addition to Euclid Park, being a subdivision of part of the East 1/2 of the Northwest 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 9639 South Wallace Street
Chicago IL 60628

P.L.N. 25-09-112-071

Property of Cook County Clerk's Office

UNOFFICIAL COPY

30140618

ILLINOIS - JUDICIAL DISTRICT
CERTIFICATE OF DEATH
 462 AUG 98

DISTRICT NO. 16:33
 REGISTERED NUMBER 616
 DECEASED-NAME **Lewis William Powell** SEX Male DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 24, 1931

COUNTY OF DEATH **Cook** DATE OF DEATH (MONTH, DAY, YEAR) August 22, 1998

1. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Evergreen** UNDER 1 YEAR: MONTH, DAY, YEAR: UNDER 2 YEAR: MONTH, DAY, YEAR: UNDER 3 YEAR: MONTH, DAY, YEAR:

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Evergreen** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **Company of Mary Hospital** IF HOSP. OR INST. INDICATE D.O.A. OF EMERGENCY TREATMENT (SPECIFY) **DDA**

3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **WACKSON MS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **ADRELLA STEWART**

4. SOCIAL SECURITY NUMBER **555-24-8744** USUAL OCCUPATION **SEWEE** KIND OF BUSINESS OR INDUSTRY (EMPLOYER'S NAME AND ADDRESS) **Company of Mary Hospital** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **YES**

5. RESIDENCE (STREET AND NUMBER) **9630 S. WALLACE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

6. ZIP CODE **60628** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Black** OF HISPANIC ORK. INT. OR YES? IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

7. FATHER-NAME FIRST MIDDLE LAST **LEWIS WILLIAM POWELL SR** MOTHER-NAME FIRST MIDDLE LAST **EMILY FRANKLIN**

8. INFORMANT'S NAME (TYPE OR PRINT) **AKDELLA POWELL** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY OR TOWN, STATE, ZIP) **9639 S. WALLACE CHICAGO 60628**

9. IMMEDIATE Cause (Final disease or condition resulting in death) **(a) HYPERTENSIVE CARDIOVASCULAR DISEASE**

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

11. PART II. Other significant conditions contributing to death but not resulting in the underlying cause as given in PART I. **Chronic Obstructive Pulmonary Disease**

12. NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, REPEAT? **Natural** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 11)

13. PLACE OF INJURY (A. HOME, B. FARM, STREET, FACTORY, OFFICE BUILDING, E.T.) (SPECIFY) **Home** LOCATION (CITY, VI. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE) **CHICAGO, ILLINOIS**

14. CORONER'S MEDICAL EXAMINER'S SIGNATURE **Dr. Eugene M. D. Eupel** PHYSICIAN'S NAME (Type or Print) **Dr. Eugene M. D. Eupel**

15. CEMETERY (THAT IN ANY OTHER STATE) UPON MY INVESTIGATION AND/OR THIS INVESTIGATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT **August 22, 1998** THE DECEASED WAS PRONOUNCED DEAD ON **August 22, 1998** AT **9:08 P**

16. BURIAL, CREMATION, REMOVAL, E.T. (SPECIFY) **Evergreen** CEMETERY OR CREMATORY-NAME **Rock Oak** CITY OR TOWN **Chicago** STATE **Illinois** DATE (MONTH, DAY, YEAR) **8-28-98**

17. FUNERAL HOME **DeLal & Sons** STREET AND NUMBER OR R.F.D. **7838 S. Cottage Grove** CITY OR TOWN **Chicago** STATE **Illinois** FUNERAL DIRECTOR'S LICENSE NUMBER **60615**

18. LOCAL REGISTRAR'S SIGNATURE **Arnette Thauer** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 28, 1998**

19. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS (BASED ON 1988 U.S. STANDARD CERTIFICATE) VR202 (Rev. 5/88)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 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 AUGUST 28, 1998 REGISTRAR Arnette Thauer

AT EVERGREEN PARK, ILLINOIS DEPUTY REGISTRAR _____