

RECORDING REQUESTED BY:  
Lenders First Choice  
3803 Parkwood Blvd., Suite 100  
Frisco, TX 75034

AND WHEN RECORDED MAIL TO:  
EMOGENE BROWN  
9237 S WALLACE ST  
CHICAGO, IL 60620-2344

61-830036

Deal No.: 8063207

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF ILLINOIS) ) SS.  
COUNTY OF COOK)

EMOGENE BROWN of legal age, being first duly sworn, deposes and says:

LOUIS BROWN is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as LOUIS BROWN, named as one of the parties in that certain Warranty Deed dated July 1, 1969, executed by JARVIS HOMES, INC to LOUIS BROWN AND EMOGENE BROWN, his wife as **joint tenants**, recorded on July 30, 1969, as Instrument No. T-2464238, Official Records of COOK County, ILLINOIS describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

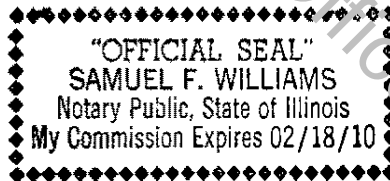
Most Commonly Known As: 9237 S WALLACE ST, CHICAGO, IL 60620-2344

Dated: 10/22/07

Emogene Brown  
EMOGENE BROWN

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 22ND day of OCTOBER, 2007

Signature: [Signature]



(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF ILLINOIS  
County of Cook

SEPTEMBER 28, 2007

# UNOFFICIAL COPY

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*

COUNTY CLERK

DECEASED'S BIRTHDAY NO.		REGISTRATION DISTRICT NO. 1633	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER 131	<b>MEDICAL CERTIFICATE OF DEATH</b>		93012666
1. DECEASED-NAME FIRST MIDDLE LAST		LOUIS BROWN		SEX	2. MALE
COUNTY OF DEATH		COOK		DATE OF DEATH (MONTH, DAY, YEAR)	3. FEBRUARY 5, 1993
4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE-LAST BIRTHDAY (YRS) 5a. 63	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS MIN 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JULY 24, 1929
6a. EVERGREEN PARK		6b. LITTLE COMPANY OF MARY HOSPITAL		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. VINE, ALA.	8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. EMOGENE CONWELL	
SOCIAL SECURITY NUMBER		1417-36-8793	11a. LABORER	KIND OF BUSINESS OR INDUSTRY 11b. KRAHL CONST.	
RESIDENCE (STREET AND NUMBER)		13a. 9237 S WALLACE	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO		INSIDE CITY (YES/NO) 13c. YES
STATE		13c. ILLINOIS	ZIP CODE 13d. 60620	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO LIYES SPECIF.
FATHER-NAME FIRST MIDDLE LAST		15. GEORGE BROWN		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. ANN HATCHETT	
INFORMANT'S NAME (TYPE OR PRINT)		17a. SHARRON LEE/CLERK		MARLING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17b. HOSPITAL 2800 WEST 95TH STREET EVERGREEN PARK ILLINOIS 60642	
18. PART I. Enter the disease, or complications that caused the death. Do not enter the cause of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		(a) Pneumonia		APPROPRIATE INTERNAL NETWORKING AND DATA	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(b) DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (c) STATING THE UNDERLYING CAUSE LAST.		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death, but not resulting as the underlying cause given in PART I		EMACIATION / Diabetes Type I		A. Topsy (YES/NO) 19a. NO	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF TYPICAL, IS THERE A DISCREPANCY IN PAST THREE MONTHS? 20c. YES/NO	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		HOUR OF DEATH 21c. 5 P.M.	
22a. SIGNATURE		22c. J. Kasper, MD		DATE SIGNED (MONTH, DAY, YEAR) 22b. 9 Feb 93	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. 26-57891		ILLINOIS LICENSE NUMBER	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. BURIAL		24b. RESTVALE CEMETERY	
FUNERAL HOME		24c. WORTH, ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. FEB. 13, 1993	
25a. GATLING'S CHAPEL INC. 10133 SO. HALSTED CHICAGO, ILLINOIS 60628		25b. Lafayette Gatling		25c. 04-014690	
FUNERAL DIRECTOR'S SIGNATURE		26a. Annette L. Hoover		26b. FEBRUARY 12, 1993	
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	

# UNOFFICIAL COPY

## EXHIBIT "A"

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS TO WIT:

LOT THIRTY-THREE (33) (EXCEPT THE SOUTH 15 FEET THEREOF) AND THE SOUTH 20 FEET OF LOT THIRTY-FOUR (34) IN BLOCK 11 IN BROUSE'S SUBDIVISION OF THE NORTH 40 ACRES OF THE SOUTH 95 ACRES OF THE WEST 110 ACRES OF THE SOUTHWEST (1/4) OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK-COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 15-04-312-065-0000; SOURCE OF TITLE IS DOCUMENT NO. 2464238 (RECORDED 07/30/69)

Property of Cook County Clerk's Office