

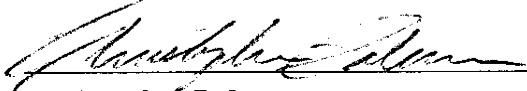
# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF CHRISTOPHER PALMER

I, Christopher Palmer, being first duly sworn on oath depose and state as follows:

1. That I am the biological and legal son of Lucinda West (Decedent). See Exhibit 'A' as attached herein.
2. That Decedent passed away on June 6, 2009 at St. Margaret Mercy Medical Center in Hammond, Indiana. See Exhibit 'B' as attached herein.
3. That Decedent resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property).
4. That I resided at the Property with the Decedent until her passing and that I still reside at the Property.
5. That prior to her passing the Decedent transferred her interest in the Property to me on April 11, 2007. See Exhibit 'C' as attached herein.
6. That Decedent received her interest in the Property from her deceased father. See Exhibit 'D' as attached herein.
7. That at the time of death the Decedent was the sole owner of the Property.
8. That Decedent died intestate and the Property passed to me and my siblings.
9. That the Decedent had two other children, my siblings, Arthur O. Palmer (Palmer) born to the Decedent on September 10, 1958 and Michael A. West (west) born to the Decedent on July 29, 1967.
10. That both Palmer and West waive their interest in the Property to me. See Exhibit 'E' as attached herein.

FURTHER AFFIANT SAYETH NOT

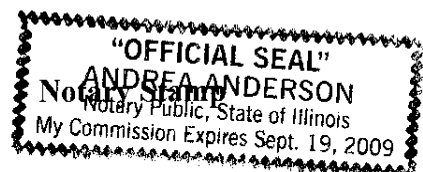
  
\_\_\_\_\_  
**Christopher Palmer**

  
\_\_\_\_\_  
**Notary Public Signature**

7/18/09



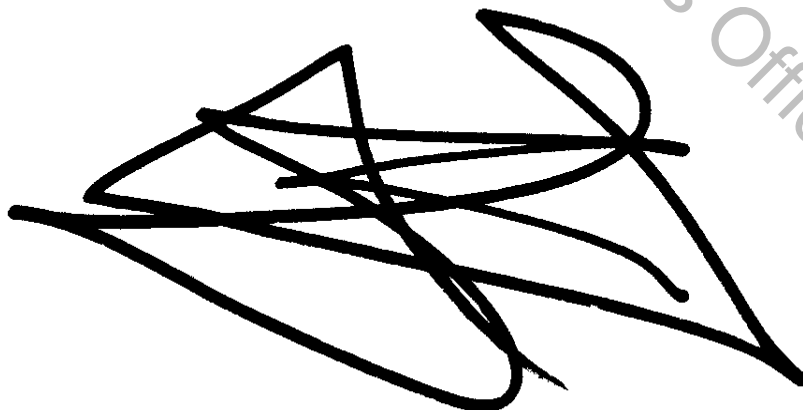
Doc#: 0920544067 Fee: \$226.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/24/2009 01:01 PM Pg: 1 of 44



# UNOFFICIAL COPY

Property of Cook County Clerk's Office

## EXHIBIT A



UNOFFICIAL COPY

## CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-59-7001822

NAME: CHRISTOPHER PALMER

DATE OF BIRTH: NOVEMBER 10, 1959 SEX: MALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

MAIDEN NAME OF MOTHER: LUCINDA POWELL

PLACE OF BIRTH OF MOTHER: ILLINOIS AGE: 25

NAME OF FATHER: HENRY LEROY PALMER

PLACE OF BIRTH OF FATHER: TENNESSEE AGE: 26

DATE FILED: NOVEMBER 12, 1959 DATE ISSUED: JULY 24, 2009

This is to certify that this is a true and correct abstract from the official record  
filed with the Illinois Department of Public Health.

0868264



County of Cook  
State of Illinois

COUNTY BUILDING  
CHICAGO, ILLINOIS 60602-1304

Office of County Clerk  
David Orr

*David Orr*  
DAVID ORR COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

CL 91

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

# UNOFFICIAL COPY

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## EXHIBIT B



# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 701-09

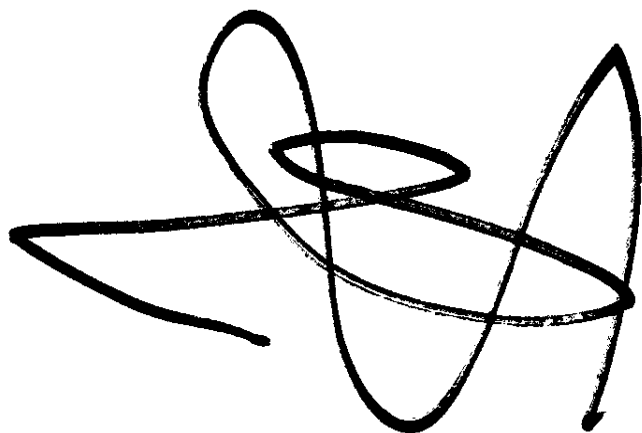
State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Lucinda West</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Female</b>		3. Time Of Death <b>5:58 PM</b>		4. Date Of Death (Month/Day/Year) <b>June 6, 2009</b>		
5. Social Security Number <b>[REDACTED]-7567</b>		6a. Age - Yrs <b>75</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date Of Birth (Month/Day/Year) <b>Dec. 31, 1933</b>				8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>								
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) <b>St. Margaret- Mercy Medical Center</b>												
12. City Or Town, State, And Zip Code <b>Hammond, Indiana 46325</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>None</b>				15a. (If Wife) Give Maiden Last Name <b>N/A</b>				16. Decedent's Usual Occupation <b>Adm. Assistant</b>		17. Kind Of Business/Industry <b>Retail</b>		
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Chicago</b>			18d. Apt. No.		18e. Zip Code <b>60619</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number <b>7336 S. Blackstone</b>			19. Decedent's Education <b>2 yrs. College</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>			
22. Father's Name (First, Middle, Last) <b>Lawrence Powell</b>				23. Mother's Name (First, Middle, Last) <b>Nettie</b>				23a. Mother's Maiden Last Name <b>Cullom</b>				
24. Informant's Name <b>Arthur Q. Palmer</b>			24a. Relationship To Decedent <b>Son</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7336 S. Blackstone Chicago, IL 60619</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Hill Crematory</b>				25c. Location - City, Town, And State <b>Gary, Indiana</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Hinton William FH - East Chicago, Indiana For Progressive Funeral Parlor-Chicago, Illinois</b>						27a. Funeral Home License Number: <b>83001520</b>				
27b. Signature Of Indiana Funeral Service Licensee: <i>Hinton W. Hinton</i>						27c. License Number (Of Licensee): <b>FD08800065</b>						
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events, Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</b> B. <b>PULMONARY FIBROSIS</b> C. _____ D. _____												
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace, etc.) <b>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>				37. Injury At Work? <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code				
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: <i>LAGZ</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>2075 INDIANAPOLIS BLVD WHITING, IN 46394</b>						44. License Number: <b>01039547</b>		45. Date Certified: <b>6/10/09</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>June 10, 2009</b>						

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Property of Cook County Clerk's Office

## EXHIBIT C





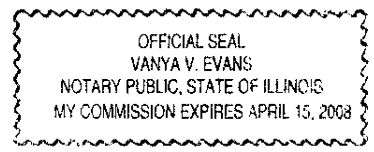
# UNOFFICIAL COPY

## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed assignment of beneficial interest in land trust is either a. natural person, and Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 4-11, 2007 Signature: [Signature]  
Grantor or Agent

Subscribed and sworn to before  
Me by the said Grantor  
this 11th day of April,  
2007.

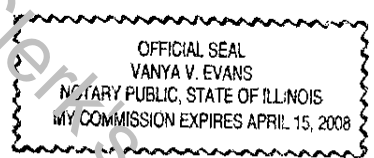


NOTARY PUBLIC Vanya V. Evans

The Grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois a partnership authorized to do business or entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Date 4-11, 2007 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before  
Me by the said Grantee  
This 11th day of April,  
2007.



NOTARY PUBLIC Vanya V. Evans

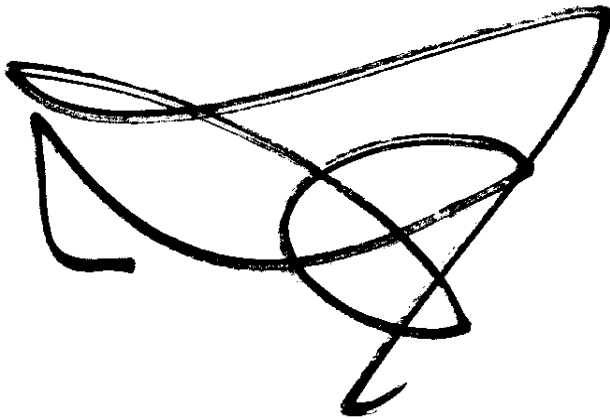
NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses. (Attach to deed or ABI to be recorded in Cook County, Illinois if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



# UNOFFICIAL COPY

Property of Cook County Clerk's Office

## EXHIBIT D



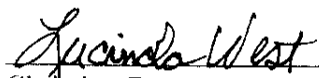
# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

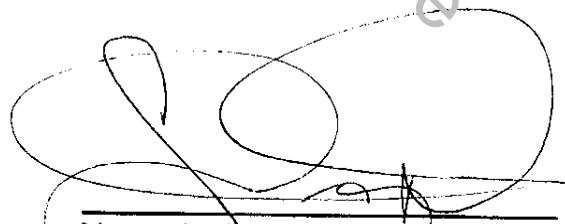
I, Lucinda West, being first duly sworn on oath depose and state as follows:

1. That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 years.
2. That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of Cook, State of Illinois, on October 16, 1979. See Exhibit A.
3. That at the time of my father's death, he was the sole owner of the Property. See Exhibit B.
4. That my father died intestate and the Property passed to myself and my sister Christine Dawson.
5. That Christine Dawson was married to Charles Dawson and said marriage terminated on September 1, 1965.
6. That Christine Dawson had one child, Charles Dawson.
7. That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, State of Illinois, on February 8, 1996. See Exhibit C.
8. That Christine Dawson died without a will on April 3, 1999 in Chicago, County of Cook, State of Illinois. See Exhibit D.
9. That Christine Dawson's only surviving heir is Lucinda West.

### FURTHER AFFIANT SAYETH NOT

  
 \_\_\_\_\_  
 Christine Dawson

Subscribed and Sworn before me  
 This 6<sup>th</sup> day of February 2007.

  
 \_\_\_\_\_  
 Notary Public



Doc#: 0706831157 Fee: \$74.00  
 Eugene "Gene" Moore RHSP Fee: \$10.00  
 Cook County Recorder of Deeds  
 Date: 03/09/2007 04:39 PM Pg: 1 of 9

# UNOFFICIAL COPY

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State of Illinois, 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 or file, all of which appears from the records and files in my office.

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

*Stanley T. Kusper, Jr.*  
County Clerk

County Clerk

1. PLACE OF BIRTH		3106	Department of Public Health		ORIGINAL
County of <u>Cook</u>		Township <u>Chicago</u>	<b>CERTIFICATE OF BIRTH</b>		Registered No. <u>45894</u> (Consecutive No.)
*Cancel the three terms not applicable—Do not enter "R. R.," "R. F. D.," or other P. O. Address.		Road Dist. <u>104</u>	38-577		
Street and Number, No. <u>3317th-20</u> St.		Ward <u>1</u>	Hospital (If birth occurred in hospital or institution, give its name instead of street and number.)		Accepted
2. FULL NAME OF CHILD <u>Lucy Ann Taylor</u>					
3. Sex of Child <u>F</u>	4. Twin, Triplet or other? <u>no</u>	5. Number in order of birth <u>1</u>	6. Promoters <u>Full</u>	7. Legiti- <u>mate</u>	8. Date of Birth <u>12 31 33</u> 19 <u>33</u>
9. Full Name <u>Lawrence Taylor</u>			10. Full name <u>Thelma Taylor</u>		
11. Residence (usual place of abode) <u>436 1/2 Park-Wood Chicago, Illinois</u>			12. Residence (usual place of abode) <u>436 1/2 Park-Wood Chicago, Ill.</u>		
13. Color or race <u>Black</u>		14. Age at last birthday <u>35</u> (Years)	15. Color or race <u>Black</u>		16. Age at last birthday <u>35</u> (Years)
17. Birthplace (city or place) <u>Bethel, Iowa</u>			18. Birthplace (city or place) <u>Washington, Tenn.</u>		
19. Trade, profession, or particular kind of work done, as carpenter, lawyer, bookkeeper, etc. <u>none</u>			20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>none</u>		
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>none</u>			22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>none</u>		
23. Date (month and year) last engaged in this work <u>March 1933</u>		24. Total time (years) spent in this work <u>2 1/2</u>	25. Date (month and year) last engaged in this work <u>March 1933</u>		26. Total time (years) spent in this work <u>2</u>
27. Number of children of this mother (at moment of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. What treatment was given child's eyes at birth? <u>None</u>					
29. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was BORN ALIVE at <u>3:00</u> a. m., on the date above stated. *Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See sec. 12, vital statistics law.					
30. Given name added from a supplemental report			31. (Signature) <u>Frederic E. Tucker</u> (Physician or Midwife)		
			Address <u>326 Newberry Ave.</u> Telephone <u>Men 3423</u>		
			Date Certificate Signed _____ (Month) _____ (Day) _____ (Year)		

Property of Cook County

**UNOFFICIAL COPY****CITY OF CHICAGO**  
**BOARD OF HEALTH**EDWARD J. KELLY  
MAYORHERMAN N. BUNDESEN M. D.  
PRESIDENT**Notification of Birth Registration**

This is to advise you that there is preserved under File No. 45894  
in the Board of Health of Chicago, Illinois, a Record of Birth

of Lucinda Powell Sex Female

Born on December 31, 1933 at 4130 South Parkway  
CHICAGO, ILLINOIS

Name of father Lawrence Powell

Name of mother Nettie Callum MAIDEN NAME 4130 South Parkway  
ADDRESS

Birth attended by Beatrice E. Tucker, M. D.

*Herman N. Bundesen*  
PRESIDENT OF BOARD OF HEALTH

This certificate of birth should be carefully preserved as record of value for future use.

1. To establish age to enter school.
2. To establish age when applying for working papers.
3. To establish legal age for rights of franchise.
4. For jury and military service.
5. To prove citizenship.
6. To obtain passports for travel in foreign countries.
7. To prove right to inheritance of property.

**NOTICE**

If any errors are found in the statements given on the face of this certificate, kindly send corrections at once to DR. HERMAN N. BUNDESEN, PRESIDENT, BOARD OF HEALTH, CITY HALL, CHICAGO, ILLINOIS. The official record will then be corrected.

**UNOFFICIAL COPY**STATE OF ILLINOIS }  
COOK COUNTY } SS.**Certification of Birth**No. 45894

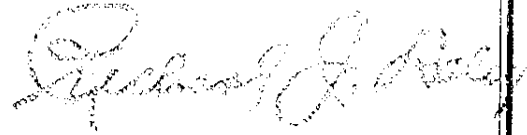
I, RICHARD J. DALEY, County Clerk of the County of Cook, in the State of Illinois, do hereby  
 certify that Lucinda Powell of the Female sex,  
 (Male or Female)  
 was born on December 31, 1935 at Chicago  
 (Date of Birth) (City or Village)

in the County of Cook and State of Illinois, all of which appears from the records and files in my office.

GIVEN under my hand and the seal of Cook County, at my office in the City of Chicago,

this 20th day of February A. D. 19 51

RECORDED January 5, 1933


N<sup>o</sup> **145883**

COUNTY CLERK

(VOID IF THE SEAL OF COOK COUNTY  
IS NOT IMPRESSED HEREON.)(VOID UNLESS THE IMPRESSED SIGNATURE OF  
RICHARD J. DALEY APPEARS ABOVE.)

Form 3080 837 31878

[OVER]

Chapter 111½, Section 55 of the Public Health Act, Illinois Revised Statutes, 1941, provide:

“Certified copies of record of birth or death—Fee.) 20. The State Board of Health, any local registrar or any county clerk shall, on request, furnish a certification of the record of any birth, stillbirth, or death to any applicant entitled to the same upon the payment by such applicant of a fee of one dollar (\$1.00) to the maker of such certification. The certification of birth shall contain only the name, sex, date of birth, and place of birth of the person to whom it relates, and none of the other data on the certificate of birth. Any such certification of a birth, stillbirth or death, when properly certified to by the State Board of Health or the local registrar or the county clerk, shall be prima facie evidence in all courts and places of the facts therein stated.

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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.

COUNTY CLERK

REGISTRATION DISTRICT NO <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>622780</b>	
<b>MEDICAL CERTIFICATE OF DEATH</b>					
DECEASED NAME 1. <b>Lawrence Powell</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3. <b>October 16, 1979</b>		
FACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. <b>Black</b>	ORIGIN OR DESCENT 4. <b>American</b>	AGE - LAST BIRTHDAY (YRS) 5a. <b>81</b>	UNDER 1 YEAR HRS   DAYS 5b.	UNDER 1 DAY HOURS   MIN 5c.	DATE OF BIRTH (MO. DAY, YEAR) 6. <b>June 4, 1898</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NO. AND NAME 7b. <b>Chicago</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. <b>Jackson Park Hospital</b>		IF HOSP. OR INST. INDICATE DOA OF ENCL. OR INPATIENT (SPECIFY) 7d. <b>In-patient</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. <b>Mississippi</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Widowed</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 11. <b>None</b>	
SOCIAL SECURITY NUMBER 12. <b>-4208</b>	USUAL OCCUPATION 13a. <b>Scarfer</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Steel</b>		U.S. WAR VETERAN (YES/NO) 13c. <b>No</b>	WAR OR DATES OF SERVICE 13d. <b>None</b>
RESIDENCE STREET AND NUMBER 14a. <b>7336 S. Blackstone</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. <b>Chicago</b>	INSIDE CITY (YES/NO) 14c. <b>Yes</b>	COUNTY 14d. <b>Cook</b>	STATE 14e. <b>Illinois</b>	
FATHER NAME FIRST MIDDLE LAST 15. <b>Charlie Powell</b>		MOTHER MAIDEN NAME FIRST MIDDLE LAST 16. <b>Lucinda Hood</b>			
INFORMANT'S SIGNATURE 17a. <i>Charles Harapety</i>		RELATIONSHIP 17b. <b>Daughter</b>	MAILING ADDRESS (STREET, CITY, STATE, ZIP) 17c. <b>7336 S. Blackstone Chicago, Illinois</b>		
18. DEATH WAS CAUSED BY (C. IN ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I. IMMEDIATE CAUSE					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDER LYING CAUSE LAST	(a) <b>Respiratory failure</b> DUE TO OR AS A CONSEQUENCE OF				
	(b) <b>Congestive heart failure</b> DUE TO OR AS A CONSEQUENCE OF				
	(c) <b>Carcinoma of the lungs</b>				
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))					
DATE OF OPERATION IF ANY 20a. <b>10/8/79</b> <b>10/11/79</b>	MAJOR FINDINGS OF OPERATION 20b. <b>Tumor rt. main stem bronchus, Total atelectases Rt. lung</b>				
ATTENDED THE DECEASED FROM (MONTH DAY YEAR) 21a. <b>10-2-79</b>	TO (MONTH DAY YEAR) 21b. <b>10-16-79</b>	AND LAST SAWN HIM (MONTH DAY YEAR) 21c. <b>10-16-79</b>	HOUR OF DEATH 21d. <b>9:00A M</b>		
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					
22a. SIGNATURE <i>Jose M. Villanueva, Jr.</i>				DATE SIGNED (MONTH DAY YEAR) 22b. <b>10/16/79</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <b>Jose M. Villanueva, Jr. M.D. 7531 Stacy Island, Chicago</b>				ILL. NO. LICENSE NUMBER 22d. <b>36-56238</b>	
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED					
METHOD OF REMOVAL 24a. <b>Burial</b>	CEMETERY OR CREMATORIAL NAME 24b. <b>Lincoln</b>	LOCATION 24c. <b>Worth Illinois</b>	DATE (MONTH DAY YEAR) 24. <b>October 19, 1979</b>		
25. <b>Unity Funeral Parlors, Inc. 4114 S. Michigan Ave. Chicago, Illinois 60653</b>					
26a. <i>Jose M. Villanueva, Jr.</i>				26b. <b>36-56238</b>	
CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER ROOM 313 CONCOURSE LEVEL CHICAGO 60602				DATE FILED BY LOCAL REGISTRAR 26b. <b>OCT 18 1979</b>	

026  
DECEASED

304

334

PARENTS

629c  
128

CAUSE

78

CERTIFIER

POSITION

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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 BIRTH NO.		REGISTRAR'S DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			<b>602736</b>
DECEASED NAME		FIRST	MIDDLE	LAST	SEX
1		CHARLES		DAWSON	2 MALE
DATE OF DEATH		3 FEBRUARY 08, 1996			
COUNTY OF DEATH		4 COOK			
AGE - LAST BIRTHDAY (YRS)		5a 40	5b	5c	5d DATE OF BIRTH (MONTH DAY YEAR)
CITY TOWN TWP OR ROAD DISTRICT NUMBER		6a CHICAGO		6b COOK COUNTY HOSPITAL	
6c INPATIENT					
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7 CHICAGO, ILL		8a NEVER MARRIED	
MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)		8b NONE		8c NO	
SOCIAL SECURITY NUMBER		10 [REDACTED]-7700		11a ELECTRICIAN	
RESIDENCE (STREET AND NUMBER)		13a 7336 S. BLACKSTONE		13b CHICAGO	
STATE		13c ILLINOIS		13d COOK	
FATHER NAME		15 CHARLES DAWSON		MOTHER NAME	
15a				15b CHRISTINE POWELL	
INFORMANT'S NAME (TYPE OR PRINT)		17a CLOTE M. ALLEN		17b RECORDS	
RELATIONSHIP		17c 1835 W. HARRISON CHICAGO, ILL. 60612			
Mailing Address (Street and No. or P.O. Box, City or Town, State, Zip)					
PART I - Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as falling, drowning, etc., unless they are the cause of death.		18 (a) <i>cahaxia</i>			
Immediate Cause (Final disease or condition resulting in death)					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		(b) <i>History of chronic cahaxia</i>			
STATING THE UNDERLYING CAUSE LAST		(c)			
PART II - Enter the significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19 <i>History of hypertension, Diabetes mellitus</i>			
DATE OF OPERATION IF ANY		20a		20b	
MAJOR FINDINGS OF OPERATION					
HOUR OF DEATH		21c 0110A M			
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21b			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATE.		21d			
SIGNATURE		22a <i>Suzanne K...</i>		22b 2-4-96	
NAME AND ADDRESS OF CERTIFIER		22c <i>ARISA J...</i>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22d			
BURIAL CREMATION REMOVAL (SPECIFY)		24a CREMATION		24b OAKLAND MEM LANES	
CEMETERY OR CREMATORY - NAME		24c DOLTON, ILLINOIS		24d FEB 15, 96	
LOCATION		24e			
FUNERAL HOME		25a PROGRESSIVE FUNERAL PARLOR 7208 S. STONY ISLAND CHIC, ILL 60649			
FUNERAL DIRECTOR'S SIGNATURE		25b <i>George R. ...</i>			
LOCAL REGISTRAR'S SIGNATURE		25c <i>Albino ...</i>			
DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		26b FFB 14 1996			

TRUSTEE'S DEED

# UNOFFICIAL COPY

ONE EIGHT EIGHT COOK COUNTY  
LEGAL BLANKS

*OK*  
*1/20/08*



0020065274

0020065274

176/0098 33 NW Page 1 of 1

*Trustee's Deed*, made this 29th day of March 2008-01-16, between  
Cook County Recorder

STEVEN C. HORVATH

as trustee..... under provisions of a trust agreement known as trust no. 8447-B

dated the 18th day of May, 19 59, grantor..... and

LAWRENCE FOWELL

of City of Chicago; 7336 S. Blackstone, Chgo 60619

grantee.....

Witnesseth, That the grantor....., in consideration of the sum of ten and no/100 (\$10.00)

Dollars, receipt whereof is hereby acknowledged, and in pursuance of the power and authority vested in the grantor..... as said trustee..... and of every other power and authority the grantor..... herewith enabling, do hereby convey and quitclaim unto the grantee....., in fee simple, the following described real estate, situated in

the County of Cook and State of Illinois

to wit:

The South one foot of lot twelve, all of lot thirteen in Peter A. Foote's Subdivision of the East half of the East half of the North West quarter of of the South east quarter of the North East quarter of section 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feet and the west 8 feet thereof)

COUNTY OF COOK  
STATE OF ILLINOIS

} SS.

I, the undersigned notary public

in and for said County, in the State aforesaid, do hereby certify that

Steven C. Horvath

personally known to me to be the said person whose name is subscribed to this instrument



STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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.

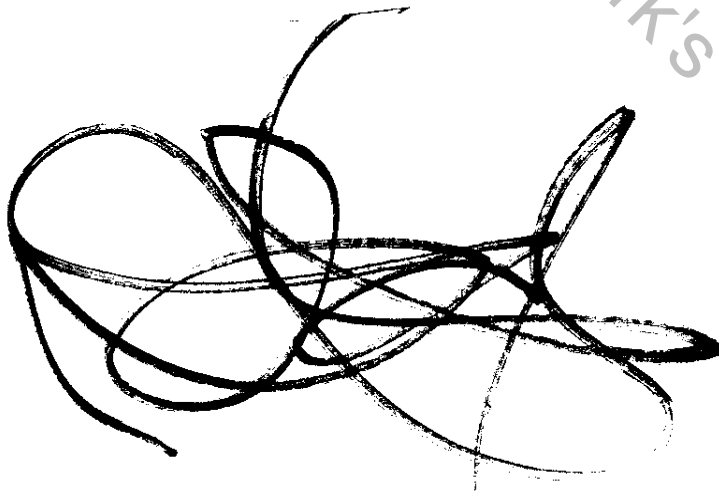
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS				STATE FILE NUMBER <b>606157</b>	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Ho., ptal, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>Christine Dawson</b>				Female		3 April 3, 1999			
4. <b>COOK</b>		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
		5a. <b>60</b>		5b. <b>MO</b>		5c. <b>DA</b>		5d. <b>February 27, 1939</b>	
6a. <b>Chicago</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. <b>Hospice 7336 S. Blackstone</b>				HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. <b>NO</b>	
		<b>Chicago IL</b>		<b>Divorced</b>					
B		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
C		<b>5709</b>		<b>Homemaker</b>		<b>Home</b>		<b>12</b>	
D		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
E		<b>7336 So. Blackstone</b>		<b>Chicago</b>		<b>Yes</b>		<b>COOK</b>	
13a. <b>IL</b>		STATE		ZIP CODE		FACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13b. <b>60619</b>				<b>Black</b>		<b>NO</b>		<b>NO</b>	
PARENTS		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST					
15. <b>Lawrence Powell</b>				16. <b>Nettie Cullom</b>					
17a. <b>Lucinda West</b>		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17b. <b>Sister</b>						<b>7336 S. Blackstone, Ch. I</b>			
18. PART I		Immediate Cause (Final disease or condition resulting in death)		(a) <b>Carcinoma of colon.</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY YES/NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		19a. <b>NO</b>		19b. <b>NO</b>	
6		20a. <b>NO</b>		20b. <b>NO</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. <b>NO</b>	
P		19c. <b>NO</b>							
CERTIFIER		19d. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. <b>NO</b>						<b>NO</b>		<b>5:40 PM</b>	
22a. <b>Jayem Mashman</b>		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		22b. <b>4/5/99</b>		ILLINOIS LICENSE NUMBER	
22c. <b>Jayem Mashman</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22d. <b>036-041367</b>				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22d. <b>76 St. James Park Hwy</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. <b>PETER FRIEDEL</b>					
23. <b>PETER FRIEDEL</b>		BURIAL, CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN STATE	
24a. <b>Cremeration</b>		24b. <b>Oakland Memorial</b>		24c. <b>Dolton IL</b>		24d. <b>4-6-99</b>		DATE (MONTH, DAY, YEAR)	
24b. <b>7208 So. Stony Island</b>		FURNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP	
24c. <b>Progressive Funeral Home</b>		24d. <b>Chicago IL</b>		24e. <b>60604</b>					
24d. <b>R. Harris</b>		FURNERAL DIRECTOR'S SIGNATURE		25c. <b>034-08527</b>		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
24e. <b>Whala Spivey</b>		LOCAL REGISTRAR'S SIGNATURE		25d. <b>APR 06 1999</b>		DATE FILED IN COUNTY RECORDS (MONTH, DAY, YEAR)		25b. <b>JH</b>	
25a. <b>Whala Spivey</b>		25b. <b>APR 06 1999</b>		25c. <b>034-08527</b>		25d. <b>APR 06 1999</b>		25e. <b>JH</b>	

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

## EXHIBIT E



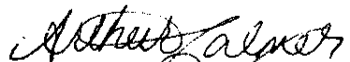
# UNOFFICIAL COPY


## AFFIDAVIT OF HEIRSHIP OF ARTHUR Q. PALMER

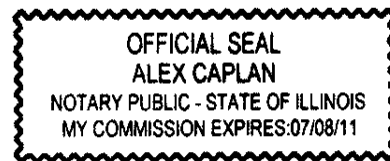
I, Arthur Q. Palmer, being first duly sworn on oath depose and state as follows:

1. That I am the biological and legal son of Lucinda West (Decedent). See Exhibit 'A' as attached herein.
2. That Decedent passed away on June 6, 2009 at St. Margaret Mercy Medical Center in Hammond, Indiana. See Exhibit 'B' as attached herein.
3. That Decedent resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property).
4. That I resided at the Property with the Decedent until her passing and that I still reside at the Property.
5. That prior to her passing the Decedent transferred her interest in the Property to my brother Christopher Palmer on April 11, 2007. See Exhibit 'C' as attached herein.
6. That Decedent received her interest in the Property from her deceased father. See Exhibit 'D' as attached herein.
7. That at the time of death the Decedent was the sole owner of the Property.
8. That Decedent died intestate and the Property passed to me and my siblings.
9. That the Decedent had two other children, my siblings, Christopher Palmer (Christopher) born to the Decedent on November 10, 1959 and Michael A. West (West) born to the Decedent on July 29, 1967.
10. That I waive my interest in the Property to my brother Christopher.

FURTHER AFFIANT SAYETH NOT

  
 \_\_\_\_\_  
 Arthur Q. Palmer

  
 \_\_\_\_\_  
 Notary Public Signature



Notary Stamp

CERTIFICATION OF VITAL RECORDS  
**UNOFFICIAL COPY**

## CERTIFICATION OF BIRTH

BIRTH NUMBER: 112-58-6082469

NAME: ARTHUR QUENTIN PALMER

DATE OF BIRTH: SEPTEMBER 10, 1958                      SEX: MALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

MAIDEN NAME OF MOTHER: LUCINDA C POWELL

PLACE OF BIRTH OF MOTHER: ILLINOIS                      AGE: 24

NAME OF FATHER: HENRY L PALMER

PLACE OF BIRTH OF FATHER: TENNESSEE                      AGE: 24

DATE FILED: SEPTEMBER 15, 1958                      DATE ISSUED: JULY 24, 2009

This is to certify that this is a true and correct abstract from the official record  
filed with the Illinois Department of Public Health.

0868262



County of Cook  
State of Illinois

COUNTY BUILDING  
CHICAGO, ILLINOIS 60602-1304

**Office of County Clerk**  
**David Orr**

*David Orr*  
DAVID ORR COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

CL 91

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED**



# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 701-09

State No. \_\_\_\_\_

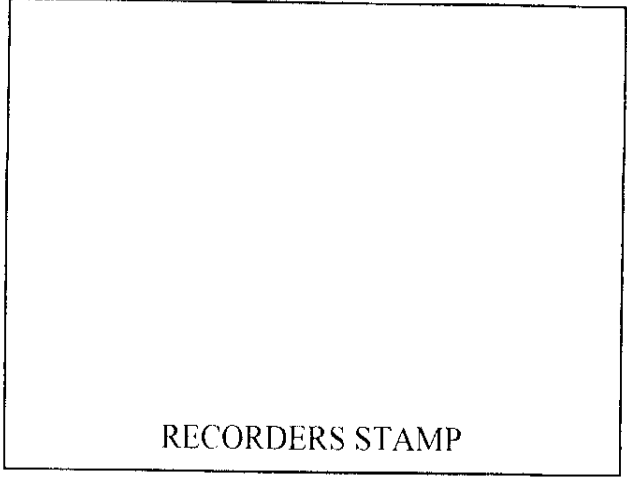
1. Decedent's Legal Name (First, Middle, Last) <b>Lucinda West</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Female</b>		3. Time Of Death <b>5:58 PM</b>		4. Date Of Death (Month/Day/Year) <b>June 6, 2009</b>			
5. Social Security Number <b>[REDACTED]-7567</b>		6a. Age - Yrs <b>75</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
7. Date Of Birth (Month/Day/Year) <b>Dec. 31, 1933</b>		8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>											
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution Give Street And Number) <b>St. Margaret- Mercy Medical Center</b>													
12. City Or Town, State, And Zip Code <b>Hammond, Indiana 46325</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name <b>None</b>				15a. (If Wife) Give Maiden Last Name <b>N/A</b>				16. Decedent's Usual Occupation <b>Adm. Assistant</b>		17. Kind Of Business/Industry <b>Retail</b>			
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Chicago</b>			18c. Street And Number <b>7336 S. Blackstone</b>		18d. Apt. No.	18e. Zip Code <b>60619</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>2 yrs. College</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>							
22. Father's Name (First, Middle, Last) <b>Lawrence Powell</b>				23. Mother's Name (First, Middle, Last) <b>Nettie</b>				23a. Mother's Maiden Last Name <b>Cullom</b>					
24. Informant's Name <b>Arthur Q. Palmer</b>			24a. Relationship To Decedent <b>Son</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7336 S. Blackstone Chicago, IL. 60619</b>							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Hill Crematory</b>				25c. Location - City, Town, And State <b>Gary, Indiana</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Hinton William FH - East Chicago Indiana For Progressive Funeral Parlor-Chicago, Illinois</b>						27a. Funeral Home License Number <b>83001520</b>					
27b. Signature Of Indiana Funeral Service Licensee <i>Arthur W. Palmer</i>						27c. License Number (Of Licensee) <b>FD08800065</b>							
<b>Cause Of Death (See Instructions And Examples)</b>													
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>													
B. <b>PULMONARY FIBROSIS</b>													
C. _____													
D. _____													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
										30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, etc.) <b>7336 S. Blackstone Chicago, IL 60619</b>									
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number									
39. Describe How Injury Occurred										40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death <i>VAGZ</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <b>2075 INDIANAPOLIS BLVD WHITING, IN 46394</b>						44. License Number <b>01039547</b>		45. Date Certified <b>6/10/09</b>					
46. Additional Funeral Service Provider						47. *Akas							
48. Signature of Local Health Officer <i>Susan W. Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>June 10, 2009</b>							

# UNOFFICIAL COPY

## QUIT CLAIM DEED ILLINOIS STATUTORY (INDIVIDUAL TO INDIVIDUAL)

MAIL RECORDED DEED TO:  
**Christopher Palmer**  
7336 S. Blackstone  
Chicago, Illinois 60619

NAME & ADDRESS OF TAXPAYER:  
**Lucinda West**  
7336 S. Blackstone  
Chicago, Illinois 60619



THE GRANTOR, **LUCINDA WEST** OF 7336 S. Blackstone, City of Chicago, County of Cook, State of Illinois, for and in consideration of TEN DOLLARS (\$10) and other good and valuable considerations CONVEY(S) AND QUIT CLAIM(S) to her son, **CHRISTOPHER PALMER**, of 7336 S. Blackstone, City of Chicago, County of Cook, State of Illinois, as GRANTEE, as the sole and individual owner, interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

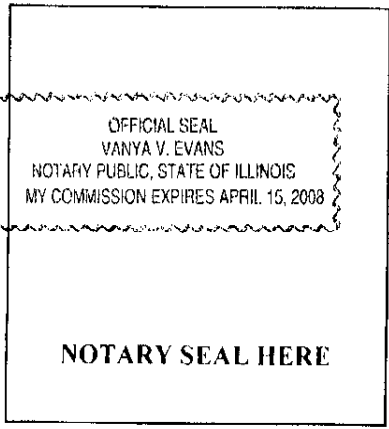
**All interest in** the residential real property commonly known as 7336 S. Blackstone, Chicago, Illinois, 60619;

**Legal Description:** SOUTH 1 FOOT OF LOT 12, ALL OF LOT 13 IN PETER A. FOOTE'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 26 TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 33 FEET AND THE WEST 8 FEET THEREOF).

**Permanent Index Number (s):** 20-26-221-033-0000  
**Property Address:** 7336 S. Blackstone, Chicago, Illinois 60619

Dated this 11 day of April 2007.

Lucinda West  
Lucinda West, Grantor



STATE OF ILLINOIS )  
COUNTY OF COOK )  
I. Vanya V. Evans, Notary Public in and for the state of Illinois do hereby certify that on this 11<sup>th</sup> day of (mo.) April (yr.) 2007 Lucinda West personally appeared before me Lucinda West known to be the individual described in and who executed the within instrument and acknowledged that Lucinda West signed the same as Quit Claim Deed free and voluntary act and deed for the uses and purpose herein mentioned. Given under my hand and official seal this 11<sup>th</sup> day of (mo.) April (yr.) 2007. Commission expires (mo./day) April, 15<sup>th</sup> (yr.) 2008.

Vanya C Evans  
Notary Public

**Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45**  
sub par. \_\_\_\_\_ and Cook County Ord. 93-9-27 par. \_\_\_\_\_

Date \_\_\_\_\_ Sign. \_\_\_\_\_

# UNOFFICIAL COPY

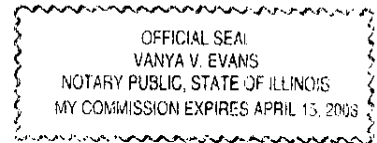
## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed assignment of beneficial interest in land trust is either a natural person, and Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 4-11, 2007 Signature: [Signature]

Grantor or Agent

Subscribed and sworn to before Me by the said Grantor this 14th day of April, 2007.



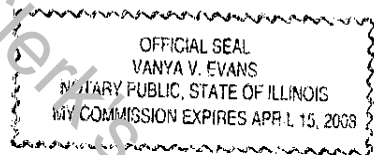
NOTARY PUBLIC Vanya V. Evans

The Grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois a partnership authorized to do business or entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Date 4-11, 2007 Signature: [Signature]

Grantee or Agent

Subscribed and sworn to before Me by the said Grantee This 14th day of April, 2007.



NOTARY PUBLIC Vanya V. Evans

NOTE: Any person who knowingly submits a false statement concerning the identity of grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses. (Attach to deed or ABI to be recorded in Cook County, Illinois if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

I, Lucinda West, being first duly sworn on oath depose and state as follows:

1. That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 years.
2. That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of Cook, State of Illinois, on October 16, 1979. See Exhibit A.
3. That at the time of my father's death, he was the sole owner of the Property. See Exhibit B.
4. That my father died intestate and the Property passed to myself and my sister Christine Dawson.
5. That Christine Dawson was married to Charles Dawson and said marriage terminated on September 1, 1965.
6. That Christine Dawson had one child, Charles Dawson.
7. That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, State of Illinois, on February 8, 1996. See Exhibit C.
8. That Christine Dawson died without a will on April 3, 1999 in Chicago, County of Cook, State of Illinois. See Exhibit D.
9. That Christine Dawson's only surviving heir is Lucinda West.

### FURTHER AFFIANT SAYETH NOT

*Lucinda West*

Christine Dawson

Subscribed and Sworn before me  
This 6<sup>th</sup> day of February 2007.

*[Signature]*

Notary Public



Doc#: 0706831157 Fee: \$74.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/09/2007 04:39 PM Pg: 1 of 9



# UNOFFICIAL COPY

I, STANLEY T. KUSPER, Jr., County Clerk of the County of Cook, in the State of Illinois, 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 or file, all of which appears from the records and files in my office.

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

*Stanley T. Kusper, Jr.*  
County Clerk

County Clerk

<b>1. PLACE OF BIRTH</b> County of <u>Cook</u> Precinct No. <u>3104</u> *Township *Road *Village *City *Cancel the three terms not applicable—Do not enter "R. R.", "P. O. D.", or other P. O. Address. Street and Number, No. <u>435 South Park Ave.</u> Pl. <u>304</u>		Department of Public Health <b>ORIGINAL</b> <b>CERTIFICATE OF BIRTH</b> Registered No. <u>45894</u> (Consecutive No.) <u>38-577</u>			
<b>2. FULL NAME OF CHILD</b> <u>William Earl</u>		Hospital (If birth occurred in hospital or institution, give its name instead of street and number.) If child is not yet named, make supplemental report, as directed.			
<b>3. Sex of Child</b> <u>Male</u>	<b>4. Twin, Triplet or other?</b> <u>No</u>	<b>5. Number in order of birth</b> <u>1st</u>	<b>6. Premature</b> <u>No</u>	<b>7. Legitimate</b> <u>Yes</u>	<b>8. Date of Birth</b> <u>12-31-33</u> , 19 <u>33</u>
<b>FATHER</b>			<b>MOTHER</b>		
<b>9. Full name</b> <u>Lawrence Powell</u>			<b>11. Full name</b> <u>Marie Louise Callan</u>		
<b>10. Residence (usual place of abode)</b> <u>413 S. Park Ave. Wor.</u> (P. O. address) <u>Chicago, Illinois</u> (If nonresident, give place and State)			<b>12. Residence (usual place of abode)</b> <u>413 S. Park Ave. Wor.</u> (P. O. address) <u>Chicago, Ill.</u> (If nonresident, give place and State)		
<b>13. Color or race</b> <u>Black</u>		<b>14. Age at last birthday</b> <u>35</u> (Years)	<b>15. Color or race</b> <u>Mexican</u>		<b>16. Age at last birthday</b> <u>35</u> (Years)
<b>17. Birthplace (city or place)</b> <u>Bethel, Louisiana</u> (State or country)			<b>18. Birthplace (city or place)</b> <u>New York, Tenn.</u> (State or country)		
<b>19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>W.P.</u>			<b>20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.</b> <u>Housekeeper</u>		
<b>21. Industry or business in which work was done, as silk mill, cannery, bank, etc.</b> <u>W.P.</u>			<b>22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.</b> <u>W.P.</u>		
<b>23. Date (month and year) last engaged in this work</b> <u>March, 1933</u>		<b>24. Total time (years) spent in this work</b> <u>2 years</u>	<b>23. Date (month and year) last engaged in this work</b> <u>March, 1933</u>		<b>24. Total time (years) spent in this work</b> <u>2</u>
<b>25. Number of children of this mother (at moment of this birth and including this child)</b> (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
<b>26. What treatment was given child's eyes at birth?</b> <u>None</u>					
<b>27. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> I hereby certify that I attended the birth of this child, who was BORN ALIVE at <u>3:00</u> P. M., on the date above stated. *Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12, vital statistics law.					
<b>28. (Signature)</b> <u>Frank E. Tucker</u> (Physician or Midwife)			<b>29. Address</b> <u>336 Newberry Ave.</u> Telephone <u>Men 3422</u>		
<b>30. Given name added from a supplemental report</b>			<b>Date Certificate Signed</b> _____ (Month) _____ (Day) _____ (Year)		

Property of County of Cook

**UNOFFICIAL COPY**EDWARD J. KELLY  
MAYOR**CITY OF CHICAGO**  
BOARD OF HEALTHHERMAN N. BUNDESEN M. D.  
PRESIDENT**Notification of Birth Registration**

This is to advise you that there is preserved under File No. 45894  
in the Board of Health of Chicago, Illinois, a Record of Birth

of Lucinda Powell Sex Female

Born on December 31, 1933 at 4130 South Parkway  
CHICAGO, ILLINOIS

Name of father Lawrence Powell

Name of mother Nettie Callum MAIDEN NAME 4130 South Parkway ADDRESS

Birth attended by Beatrice E. Tucker, M. D.

*Herman N. Bundesen*  
PRESIDENT OF BOARD OF HEALTH

This certificate of birth should be carefully preserved as record of value for future use.

1. To establish age to enter school.
2. To establish age when applying for working papers.
3. To establish legal age for rights of franchise.
4. For jury and military service.
5. To prove citizenship.
6. To obtain passports for travel in foreign countries.
7. To prove right to inheritance of property.

**NOTICE**

If any errors are found in the statements given on the face of this certificate, kindly send corrections at once to DR. HERMAN N. BUNDESEN, PRESIDENT, BOARD OF HEALTH, CITY HALL, CHICAGO, ILLINOIS. The official record will then be corrected.

**UNOFFICIAL COPY**STATE OF ILLINOIS } SS.  
COOK COUNTY }**Certification of Birth**No. 45894

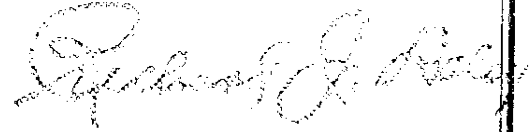
I, RICHARD J. DALEY, County Clerk of the County of Cook, in the State of Illinois, do hereby  
 certify that Lucinda Powell of the Female sex,  
 (Male or Female)  
 was born on December 31, 1933 at Chicago  
 (Date of Birth) (City or Village)

in the County of Cook and State of Illinois, all of which appears from the records and files in my office.

GIVEN under my hand and the seal of Cook County, at my office in the City of Chicago,

this 26th day of February A. D. 19 51

RECORDED January 5, 1933



N: 145883

COUNTY CLERK

(VOID IF THE SEAL OF COOK COUNTY  
IS NOT IMPRESSED HEREON.)(VOID UNLESS THE IMPRESSED SIGNATURE OF  
RICHARD J. DALEY APPEARS ABOVE.)

Form 3080 637 31878

[OVER]

Chapter 111½, Section 55 of the Public Health Act, Illinois Revised Statutes, 1941, provide:

“Certified copies of record of birth or death—Fee.) 20. The State Board of Health, any local registrar or any county clerk shall, on request, furnish a certification of the record of any birth, stillbirth, or death to any applicant entitled to the same upon the payment by such applicant of a fee of one dollar (\$1.00) to the maker of such certification. The certification of birth shall contain only the name, sex, date of birth, and place of birth of the person to whom it relates, and none of the other data on the certificate of birth. Any such certification of a birth, stillbirth or death, when properly certified to by the State Board of Health or the local registrar or the county clerk, shall be prima facie evidence in all courts and places of the facts therein stated.

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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

REGISTRATION DISTRICT NO <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>622780</b>	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
1. <b>Lawrence Powell</b>		2. <b>Male</b>	3. <b>October 16, 1979</b>		
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR (MOS)	UNDER 1 DAY (HOURS MIN)	DATE OF BIRTH (MO DAY YEAR)
4a. <b>Black</b>	4b. <b>American</b>	5a. <b>81</b>	5b.	5c.	6. <b>June 4, 1898</b>
CITY, TOWN, TWP OR ROAD DISTRICT		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP OR INST INDICATE DOA OF EXER OR INPATIENT (SPECIFY)	
7b. <b>Chicago</b>		7c. <b>Jackson Park Hospital</b>		7d. <b>In-patient</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. <b>Mississippi</b>	9. <b>U.S.A.</b>	10. <b>Widowed</b>		11. <b>None</b>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. <b>4208</b>	13a. <b>Scarfer</b>	13b. <b>Steel</b>		13c. <b>No</b>	13d. <b>None</b>
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP OR ROAD DISTRICT NO	INSIDE CITY (YES/NO)	COUNTY	STATE
14a. <b>7336 S. Blackstone</b>		14b. <b>Chicago</b>	14c. <b>Yes</b>	14d. <b>Cook</b>	14e. <b>Illinois</b>
FATHER NAME FIRST MIDDLE LAST			MOTHER - MAIDEN NAME FIRST MIDDLE LAST		
15. <b>Charlie Powell</b>			15. <b>Lucinda Hood</b>		
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS		
<i>Anela Handasy</i>		17b. <b>Daughter</b>	17c. <b>7336 S. Blackstone Chicago, Illinois</b>		
18. DEATH WAS CAUSED BY		18. (ONLY ONE CAUSE FOR LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I IMMEDIATE CAUSE					
(a) <b>Respiratory failure</b>		DUE TO OR AS A CONSEQUENCE OF			
(b) <b>Congestive heart failure</b>		DUE TO OR AS A CONSEQUENCE OF			
(c) <b>Carcinoma of the lungs</b>		DUE TO OR AS A CONSEQUENCE OF			
PART II OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			19a. <b>NO</b>
DATE OF OPERATION IF ANY	MAJOR FINDINGS OF OPERATION				
20a. <b>10/11/79</b>	20b. <b>Tumor rt. main stem bronchus, Total atelectases Rt. lung</b>				
19. I ATTENDED THE DECEASED FROM (MONTH DAY YEAR) TO (MONTH DAY YEAR)		AND LAST EXAMINED HIM/HER ALIVE ON (MONTH DAY YEAR)		HOUR OF DEATH	
21a. <b>10-2-79</b>		21b. <b>10-16-79</b>		21c. <b>10-16-79</b>	
21d. <b>9:00A M</b>		21. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			
22a. SIGNATURE <i>Jose M. Villanueva, Jr.</i>		22b. <b>10/16/79</b>		22c. <b>36-56238</b>	
22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22. ILLINOIS LICENSE NUMBER			
22a. <b>Jose M. Villanueva, Jr. M.D. 7531 Stony Island, Chicago</b>		22c. <b>36-56238</b>			
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED			
23. <b>Unity Funeral Parlors, Inc. 4114 S. Michigan Ave. Chicago, Illinois 60653</b>					
24a. <b>Burial</b>	24b. <b>Lincoln</b>	24c. <b>Worth Illinois</b>	24d. <b>October 19, 1979</b>		
25a. <i>[Signature]</i>		25c. <b>272</b>			
25b. <i>[Signature]</i>		25d. <b>OCT 18 1979</b>			

026  
DECEASED

304  
334  
PARENTS

629C  
128  
CAUSE  
7.8

CERTIFIER  
POSITION

STATE OF ILLINOIS  
County of Cook)

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

**FEB 28 2007**

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 BIRTH NO.		REGISTRAR DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		<b>602736</b>
Type or Print in PERMANENT INK in Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH MONTH DAY YEAR
1		CHARLES DAWSON		2 MALE	3 FEBRUARY 08, 1996
4 COUNTY OF DEATH		AGE - LAST BIRTHDAY (Y/M/D)	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR)
COOK		5a 40	5b	5c	5d APRIL 30, 1955
6a CITY TOWN TWP OR ROAD DISTRICT NUMBER		6b HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN THE CITY GIVE STREET AND NUMBER)		6c IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, STATE OPERATING STATUS (INPATIENT, OUTPATIENT, ETC.)	
CHICAGO		COOK COUNTY HOSPITAL		INPATIENT	
7 CHICAGO, ILL		8a NEVER MARRIED		8b NONE	
9 NO		10 SOCIAL SECURITY NUMBER		11a USUAL OCCUPATION	
357-48-7700		ELECTRICIAN		11b GENERAL	
12 12		13a 7336 S. BLACKSTONE		13b CHICAGO	
13c YES		13d COOK		13e ILLINOIS	
13f 60619		13g RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic)		14a YES SPECIFY	
14b NO		14c		14d	
PARENTS		15 FATHER NAME FIRST MIDDLE LAST		16 MOTHER NAME FIRST MIDDLE LAST	
CHARLES DAWSON		CHRISTINE POWELL			
17a INFORMANT'S NAME (TYPE OR PRINT)		17b RELATIONSHIP		17c MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN STATE ZIP)	
CLOTE M. ALLEN		RECORDS		1835 W. HARRISON CHICAGO, ILL. 60612	
18 PART I Enter the disease, illness, or complications that caused the death. Do not enter the mode of dying, such as cardiac or cerebrovascular, unless it is the cause of death. List only one cause on each line.		Immediate Cause (Final disease or condition resulting in death)		IMMEDIATE INTERNAL OR EXTERNAL INJURY (IF APPLICABLE)	
cahemia		(a) DUE TO, OR AS A CONSEQUENCE OF			
History of disease		(b) DUE TO, OR AS A CONSEQUENCE OF			
History of hypertension, diabetes, and ill		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.		20a DATE OF OPERATION IF ANY		20b MAJOR FINDINGS OF OPERATION	
20c		20d		20e	
21a (1)(b) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON (MONTH DAY YEAR)		21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c HOUR OF DEATH	
2-7-96		21b		0110A	
22a SIGNATURE		22b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c ILLINOIS LICENSE NUMBER	
<i>Suroja Khan M.D.</i>		ARUNA JUNGRAH		001-5124	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22e		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
22d		22e		22f	
23a BURIAL CREMATION REMOVAL SPECIFY		23b CEMETERY OR CREMATORY NAME		23c LOCATION CITY OR TOWN STATE	
CREMATION		DOKLAND MEM LANES		DOLTON, ILLINOIS	
23d FUNERAL HOME NAME		23e STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP		23f DATE (MONTH DAY YEAR)	
PROGRESSIVE FUNERAL PARLOR 7208 S. STONY ISLAND CHIC, ILL 60649		23e		23f FEB 15, 96	
24a FUNERAL DIRECTOR'S SIGNATURE		24b FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		24c	
<i>George R. Harris</i>		100-164		24c	
24d LOCAL REGISTRAR'S SIGNATURE		24e DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		24f	
<i>Abigail Lopez</i>		FEB 14 1996		24f	

Property

DECEASED  
B  
C  
D  
E  
4304

3059

CAUSE

4  
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N  
P  
901  
200

CERTIFIER

DISPOSITION

TRUSTEE'S DEED

# UNOFFICIAL COPY

CRP & COE & CO. CHICAGO  
LEGAL BLANKS

*OK  
Puzz*



0020065274

1020065274

176/0096 33 001 Page 1 of 1

2008-01-16 10:16:08  
Cook County Recorder between 2008

This Indenture, made this

29th

day of

STEVEN C. HORVATH

as trustee..... under provisions of a trust agreement known as trust no. 8447-B

dated the

18th

day of

May

, 19 59, granted..... and

LAWRENCE POWELL

of City of Chicago; 7336 S. Blackstone, Chgo 60619

grantee.....

Witnesseth, That the grantor....., in consideration of the sum of ten (and no/100) (\$10.00)

Dollars, receipt whereof is hereby acknowledged, and in pursuance of the power and authority vested in the grantor..... as said trustee..... and of every other power and authority the grantor..... hereunto enabling, do hereby

hereby convey and quitclaim unto the grantee....., in fee simple, the following described real estate, situated in

the County of Cook and State of Illinois

to wit:

The South one foot of lot twelve, all of lot thirteen, in Peter A. Foote's Subdivision of the East half of the East half of the North West quarter of of the South east quarter of the North East quarter of section 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feet and the west 8 feet thereof)

COUNTY OF COOK  
STATE OF ILLINOIS

} ss.

I, the undersigned notary public

in and for said County, in the State aforesaid, do hereby certify that

Steven C. Horvath

personally known to me to be the same person whose name is

subscribed to the foregoing instrument

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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

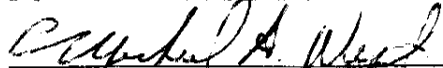
DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>606157</b>	
Type or Print in PERMANENT INK See Funeral Directors, Ho. of Hlth., or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>Christine Dawson</b>		<b>Female</b>		<b>April 3, 1999</b>					
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>COOK</b>		5a. <b>60</b>		5b. <b>00</b>		5c. <b>00</b>		5d. <b>February 27, 1939</b>	
CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OPEREM. RM. INPATIENT (SPECIFY)			
6a. <b>Chicago</b>		6b. <b>Hospice 7336 S. Blackstone</b>				6c. <b>NO</b>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
Chicago IL		8a. <b>Widowed</b>		8b. <b>NO</b>				9. <b>NO</b>	
SPOUSE'S SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
[REDACTED]		11a. <b>Homemaker</b>		11b. <b>Home</b>		12. <b>12</b>			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. <b>7336 So. Blackstone</b>		13b. <b>Chicago</b>		13c. <b>Yes</b>		13d. <b>COOK</b>			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>IL</b>		60619		14a. <b>Black</b>		14b. <b>NO</b> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST							
15. <b>Lawrence Powell</b>		16. <b>Nettie Cullom</b>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. <b>Lucinda West</b>		17b. <b>Sister</b>		17c. <b>7336 S. Blackstone CHICAGO IL</b>					
18. PART I		Enter the diseases, 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) <b>Carcinoma of colon.</b>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>DUETO, OR AS A CONSEQUENCE OF</b>							
		(c) <b>DUETO, OR AS A CONSEQUENCE OF</b>							
PART II. Other important conditions contributing to death, but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)					
		19a. <b>NO</b>		19b. <b>NO</b>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?					
20a. <b>NO</b>		20b. <b>NO</b>		20c. <b>NO</b>					
19 (20) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21a. <b>NO</b>		21b. <b>NO</b>		21c. <b>5:40 P.M.</b>					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)					
22a. <b>Jayesh M. Madhani</b>		22b. <b>4/5/99</b>							
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. <b>Jayesh M. Madhani 76 Stony Island Park Hlth</b>		22d. <b>PETER FRIEDEL</b>		22e. <b>036-09136</b>					
23. <b>PETER FRIEDEL</b>		BURIAL CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
23a. <b>Remotion</b>		23b. <b>Oakland Memorial</b>		23c. <b>Dolton IL</b>		23d. <b>4-6-99</b>		23e. <b>60601</b>	
FUNERAL HOME		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED (MONTH, DAY, YEAR)			
24a. <b>Progressive Funeral Home 7208 S. Stony Island Chic IL</b>		24b. <b>R. Harris</b>		24c. <b>034-08527</b>		24d. <b>APR 06 1999</b>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED (MONTH, DAY, YEAR)							
25a. <b>Whitla L. [Signature]</b>		25b. <b>APR 06 1999</b>							

**UNOFFICIAL COPY****AFFIDAVIT OF HEIRSHIP OF MICHAEL A. WEST**

I, Michael A. West, being first duly sworn on oath depose and state as follows:

1. That I am the biological and legal son of Lucinda West (Decedent). See Exhibit 'A' as attached herein.
2. That Decedent passed away on June 6, 2009 at St. Margaret Mercy Medical Center in Hammond, Indiana. See Exhibit 'B' as attached herein.
3. That Decedent resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property).
4. That I reside at 639 19<sup>th</sup> Avenue Northeast, 2<sup>nd</sup> Floor, Minneapolis, Minnesota 55418.
5. That prior to her passing the Decedent transferred her interest in the Property to my brother Christopher Palmer on April 11, 2007. See Exhibit 'C' as attached herein.
6. That Decedent received her interest in the Property from her deceased father. See Exhibit 'D' as attached herein.
7. That at the time of death the Decedent was the sole owner of the Property.
8. That Decedent died intestate and the Property passed to me and my siblings.
9. That the Decedent had two other children, my siblings, Christopher Palmer (Christopher) born to the Decedent on November 10, 1959 and Arthur Q. Palmer (Palmer) born to the Decedent on September 10, 1958.
10. That I waive my interest in the Property to my brother Christopher.

FURTHER AFFIANT SAYETH NOT

  
\_\_\_\_\_

Michael A. West

 7/16/09  
\_\_\_\_\_

Notary Public Signature

Notary Stamp





# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 701-09

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Lucinda West</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Female</b>		3. Time Of Death <b>5:58 PM</b>		4. Date Of Death (Month/Day/Year) <b>June 6, 2009</b>		
5. Social Security Number <b>355-24-7567</b>		6a. Age - Yrs <b>75</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date Of Birth (Month/Day/Year) <b>Dec. 31, 1933</b>				8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>								
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) <b>St. Margaret- Mercy Medical Center</b>												
12. City Or Town, State, And Zip Code <b>Hammond, Indiana 46325</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>None</b>				15a. (If Wife, Give Maiden Last Name) <b>N/A</b>				16. Decedent's Usual Occupation <b>Adm. Assistant</b>		17. Kind Of Business/Industry <b>Retail</b>		
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Chicago</b>			18c. Street And Number <b>7336 S. Blackstone</b>		18d. Apt. No.	
18e. Zip Code <b>60619</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>2 yrs. College</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>Black</b>			
22. Father's Name (First, Middle, Last) <b>Lawrence Powell</b>				23. Mother's Name (First, Middle, Last) <b>Nettie</b>				23a. Mother's Maiden Last Name <b>Cullom</b>				
24. Informant's Name <b>Arthur Q. Palmer</b>				24a. Relationship To Decedent <b>Son</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7336 S. Blackstone Chicago, IL. 60619</b>						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oak Hill Crematory</b>				25c. Location - City, Town, And State <b>Gary, Indiana</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Hinton William FH - East Chicago, Indiana For Progressive Funeral Parlor-Chicago, Illinois</b>						27a. Funeral Home License Number <b>83001520</b>				
28. Signature Of Indiana Funeral Service Licensee <i>Ann W. Strong</i>						27c. License Number (Of Licensee) <b>FD08800065</b>						
<b>Cause Of Death (See Instructions And Examples)</b>												
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>				Approximate Interval: Onset To Death				
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				B. <b>PULMONARY FIBROSIS</b>								
				C. _____								
				D. _____								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Workplace)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death <i>WAG</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Home, Address And Zip Code Of Person Certifying Cause Of Death <b>2075 INDIANAPOLIS BLVD WHITING, IN 46394</b>						43a. License Number <b>01039547</b>		43b. Date Certified <b>6/10/09</b>				
46. Additional Funeral Service Provider:						47. *Akes						
48. Signature of Local Health Officer <i>Susan W Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>June 10, 2009</b>						

# UNOFFICIAL COPY

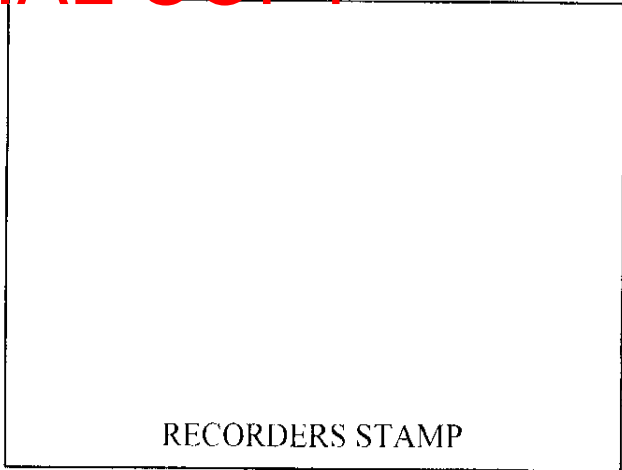
## QUIT CLAIM DEED ILLINOIS STATUTORY (INDIVIDUAL TO INDIVIDUAL)

MAIL RECORDED DEED TO:

**Christopher Palmer**  
7336 S. Blackstone  
Chicago, Illinois 60619

NAME & ADDRESS OF TAXPAYER:

**Lucinda West**  
7336 S. Blackstone  
Chicago, Illinois 60619



THE GRANTOR, **LUCINDA WEST** OF 7336 S. Blackstone, City of Chicago, County of Cook, State of Illinois, for and in consideration of TEN DOLLARS (\$10) and other good and valuable considerations CONVEY(S) AND QUIT CLAIM(S) to her son, **CHRISTOPHER PALMER**, of 7336 S. Blackstone, City of Chicago, County of Cook, State of Illinois, as GRANTEE, as the sole and individual owner, interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

**All interest in** the residential real property commonly known as 7336 S. Blackstone, Chicago, Illinois, 60619;

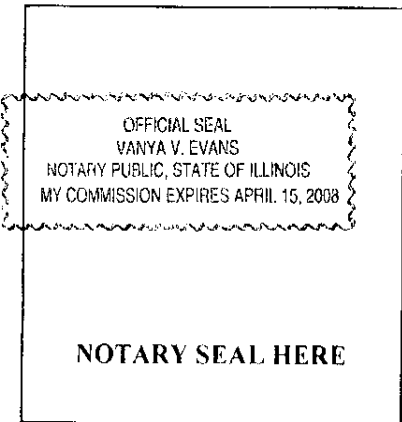
**Legal Description:** SOUTH 1 FOOT OF LOT 12, ALL OF LOT 13 IN PETER A. FOOTE'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 33 FEET AND THE WEST 8 FEET THEREOF).

**Permanent Index Number (s):** 20-26-221-031-0000

**Property Address:** 7336 S. Blackstone, Chicago, Illinois 60619

Dated this 11 day of April 2007.

*Lucinda West*  
\_\_\_\_\_  
**Lucinda West, Grantor**



STATE OF ILLINOIS )

COUNTY OF COOK )

I. Vanya V. Evans, Notary Public in and for the state of Illinois, do hereby certify that on this 11<sup>th</sup> day of (mo.) April (yr.) 2007, Lucinda West personally appeared before me Lucinda West known to be the individual described in and who executed the within instrument and acknowledged that Lucinda West signed the same as Quit Claim Deed free and voluntary act and deed for the uses and purpose herein mentioned.

Given under my hand and official seal this 11<sup>th</sup> day of (mo.) April (yr.) 2007. Commission expires (mo./day) April, 15<sup>th</sup> (yr.) 2008.

*Vanya C Evans*  
\_\_\_\_\_  
Notary Public

**Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45 sub par. \_\_\_\_\_ and Cook County Ord. 93-027 par. \_\_\_\_\_**

Date \_\_\_\_\_ Sign. \_\_\_\_\_

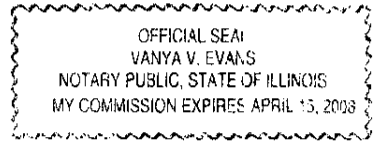
# UNOFFICIAL COPY

## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed assignment of beneficial interest in land trust is either a natural person, and Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 4-11, 2007 Signature: [Signature]  
Grantor or Agent

Subscribed and sworn to before  
Me by the said Grantor  
this 11th day of April,  
2007.

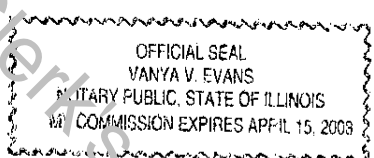


NOTARY PUBLIC Vanya V. Evans

The Grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois a partnership authorized to do business or entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Date 4-11, 2007 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before  
Me by the said Grantee  
This 11th day of April,  
2007.



NOTARY PUBLIC Vanya V. Evans

NOTE: Any person who knowingly submits a false statement concerning the identity of grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses. (Attach to deed or ABI to be recorded in Cook County, Illinois if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)


# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

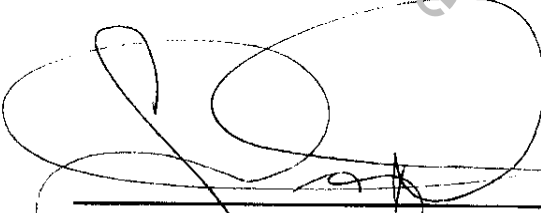
I, Lucinda West, being first duly sworn on oath depose and state as follows:

1. That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 years.
2. That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of Cook, State of Illinois, on October 16, 1979. See Exhibit A.
3. That at the time of my father's death, he was the sole owner of the Property. See Exhibit B.
4. That my father died intestate and the Property passed to myself and my sister Christine Dawson.
5. That Christine Dawson was married to Charles Dawson and said marriage terminated on September 1, 1965.
6. That Christine Dawson had one child, Charles Dawson.
7. That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, State of Illinois, on February 8, 1996. See Exhibit C.
8. That Christine Dawson died without a will on April 3, 1999 in Chicago, County of Cook, State of Illinois. See Exhibit D.
9. That Christine Dawson's only surviving heir is Lucinda West.

### FURTHER AFFIANT SAYETH NOT

  
 \_\_\_\_\_  
 Christine Dawson

**Subscribed and Sworn before me**  
**This 6<sup>th</sup> day of February 2007.**

  
 \_\_\_\_\_  
 Notary Public



Doc#: 0706831157 Fee: \$74.00  
 Eugene "Gene" Moore RHSP Fee: \$10.00  
 Cook County Recorder of Deeds  
 Date: 03/09/2007 04:39 PM Pg: 1 of 9

# UNOFFICIAL COPY

MATCHING I D C

FILL IN THIS FORM WITH TYPEWRITER OR LEGIBLE PRINTING

ORIGINAL

## STATE OF ILLINOIS CERTIFICATE OF LIVE BIRTH

Registration District No. 16.10

Child's Birth Number

Registered Number

112-67 665515

<p>A <u>0.33</u></p> <p>B</p> <p>C <u>43-646</u></p> <p>D</p> <p>E</p>	<p>1. Place of Birth A. State <u>Illinois</u> B. County <u>Cook</u></p> <p>2. Usual Residence of Mother (Where does mother live?) A. State <u>Illinois</u> B. County <u>Cook</u></p> <p>3. Child's Name A. (First) <u>Michael</u> B. (Middle) <u>West</u> C. (Last) <u>West</u></p> <p>4. Sex <u>Male</u></p> <p>5A. This Birth was Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/></p> <p>5B. If Multiple, Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/></p> <p>6. Date of Birth (Month) (Day) (Year) <u>12:12 P.</u> <u>7</u> <u>29</u> <u>67</u></p> <p>7. Father's Full Name A. (First) <u>Michael</u> B. (Middle) <u>West</u> C. (Last) <u>West</u></p> <p>8. His Race <u>Negro</u></p> <p>9. His Age <u>26</u> Years</p> <p>10. His Birthplace (City and State or Country) <u>Chicago, Illinois</u></p> <p>11A. His Usual Occupation <u>Store Keeper</u></p> <p>11B. Kind of Business or Industry <u>Ill. Central Railroad</u></p> <p>12. Mother's Full Maiden Name A. (First) <u>Lucinda</u> B. (Middle) <u>C.</u> C. (Last) <u>Powell</u></p> <p>13. Her Race <u>Negro</u></p> <p>14. Her Age <u>33</u> Years</p> <p>15. Her Birthplace (City and State or Country) <u>Chicago, Illinois</u></p> <p>16. Mother's Mailing Address <u>7336 South Blackstone</u></p> <p>17. Informant (Signature) <i>Lucinda C. West</i> <u>Chicago, Illinois</u></p> <p>18A. Signature <i>Lanane Bond M.D.</i></p> <p>18B. Attendant at Birth M.D. <input checked="" type="checkbox"/> D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)</p> <p>18C. Address <u>2929 South Ellis Avenue</u> <u>Chicago, Illinois</u></p> <p>18D. Date Signed <u>7-29-67</u></p> <p>18E. Illinois License Number <u>3641073</u></p> <p>19. Received for Filing on <u>AUG 1 1967</u> (Sign) <i>Samuel L. Andelman, M.D.</i></p>	<p>Child's Birth Number <b>112-67 665515</b></p> <p>3. Child's Name A. (First) <u>Michael</u> B. (Middle) <u>West</u> C. (Last) <u>West</u></p> <p>4. Sex <u>Male</u></p> <p>5A. This Birth was Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/></p> <p>5B. If Multiple, Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/></p> <p>6. Date of Birth (Month) (Day) (Year) <u>12:12 P.</u> <u>7</u> <u>29</u> <u>67</u></p> <p>7. Father's Full Name A. (First) <u>Michael</u> B. (Middle) <u>West</u> C. (Last) <u>West</u></p> <p>8. His Race <u>Negro</u></p> <p>9. His Age <u>26</u> Years</p> <p>10. His Birthplace (City and State or Country) <u>Chicago, Illinois</u></p> <p>11A. His Usual Occupation <u>Store Keeper</u></p> <p>11B. Kind of Business or Industry <u>Ill. Central Railroad</u></p> <p>12. Mother's Full Maiden Name A. (First) <u>Lucinda</u> B. (Middle) <u>C.</u> C. (Last) <u>Powell</u></p> <p>13. Her Race <u>Negro</u></p> <p>14. Her Age <u>33</u> Years</p> <p>15. Her Birthplace (City and State or Country) <u>Chicago, Illinois</u></p> <p>16. Mother's Mailing Address <u>7336 South Blackstone</u></p> <p>17. Informant (Signature) <i>Lucinda C. West</i> <u>Chicago, Illinois</u></p> <p>18A. Signature <i>Lanane Bond M.D.</i></p> <p>18B. Attendant at Birth M.D. <input checked="" type="checkbox"/> D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)</p> <p>18C. Address <u>2929 South Ellis Avenue</u> <u>Chicago, Illinois</u></p> <p>18D. Date Signed <u>7-29-67</u></p> <p>18E. Illinois License Number <u>3641073</u></p> <p>19. Received for Filing on <u>AUG 1 1967</u> (Sign) <i>Samuel L. Andelman, M.D.</i></p>
--	---	---

LOCAL REGISTRAR:  
In case of TWIN, TRIPLET, OR QUADRUPLET specify your registered number for each mate, stillborn or live born.

LIVE BIRTH REG. NOS.

STILLBIRTH REG. NOS.

1960 Revision based on U. S. Standard Certificate

Printed by the authority of the State of Illinois

VS 100-BUREAU OF STATISTICS-ILLINOIS DEPARTMENT OF PUBLIC HEALTH-SPRINGFIELD

0868266



County of Cook  
State of Illinois

Office of County Clerk  
David Orr

*David Orr*  
DAVID ORR COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED**

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

I, STANLEY T. KUSPER, JR. County Clerk of the County of Cook at the Seat 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 or file to which appears from the records and files in my office.

IN WITNESS WHEREOF, 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.

*Stanley T. Kusper, Jr.*  
County Clerk

County Clerk

Department of Public Health  
**ORIGINAL**  
**CERTIFICATE OF BIRTH**  
 Registered No. **45894**  
 (Consecutive No.)

1. PLACE OF BIRTH  
 County of Cook No. 3104  
 \*Township  
 \*Road  
 \*Village  
 \*City  
 \*Cancel the three terms and apply cable—Do not enter "R. R.", "R. F. D.", or other P. O. Address.  
 Street and Number, No. 433 1/2 Park-Wor Ward 304  
 (If birth occurred in hospital or institution, give its name instead of street and number.)  
 (If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD Lucinda Pearl

3. Sex of Child <u>F</u>	14. Twin, Triplet or other? (To be answered only in the event of plural births)	5. Number in order of birth	6. Posture Full term <input checked="" type="checkbox"/> Premature <input type="checkbox"/>	7. Legitimacy Legitimate <input checked="" type="checkbox"/> Mated <input type="checkbox"/>	8. Date of Birth <u>12 31 33</u> , 19 <u>33</u>
-----------------------------	--	-----------------------------	--	--	--

<b>FATHER</b>		<b>MOTHER</b>	
9. Full Name <u>Lawrence Powell</u>		18. Full maiden name <u>Lucinda Pearl Walker</u>	
19. Residence (usual place of abode) (P. O. address) (If nonresident, give place and State) <u>433 1/2 Park-Wor Chicago, Ill.</u>		21. Residence (usual place of abode) (P. O. address) (If nonresident, give place and State) <u>433 1/2 Park-Wor Chicago, Ill.</u>	
11. Color or race <u>Black</u>	12. Age at last birthday <u>35</u> (Years)	20. Color or race <u>Mulatto</u>	21. Age at last birthday <u>35</u> (Years)
13. Birthplace (city or place) (State or country) <u>Bethel, Pine, La.</u>		22. Birthplace (city or place) (State or country) <u>Washington, Tenn.</u>	
14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>None</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Miss. keeper</u>	
15. Industry or business in which work was done, as silk mill, cannery, bank, etc. <u>None</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>	
16. Date (month and year) last engaged in this work <u>March 1933</u>	17. Total time (years) spent in this work <u>2 1/2</u>	25. Date (month and year) last engaged in this work <u>March 1933</u>	26. Total time (years) spent in this work <u>2 1/2</u>

27. Number of children of this mother (at moment of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. What treatment was given child's eyes at birth? None

29. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:00 a. m., on the date above stated.  
 \*Where there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12, vital statistics law.  
 (Signature) Frank E. Tucker M. D.  
 Address 336 Newberry Ave. Telephone Ne 3422  
 Date Certificate Signed \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**UNOFFICIAL COPY****CITY OF CHICAGO**  
**BOARD OF HEALTH**EDWARD J. KELLY  
MAYORHERMAN N. BUNDESEN M. D.  
PRESIDENT**Notification of Birth Registration**

This is to advise you that there is preserved under File No. 45884  
in the Board of Health of Chicago, Illinois, a Record of Birth

of Lucinda Powell Sex Female

Born on December 31, 1933 at 4130 South Parkway  
CHICAGO, ILLINOIS

Name of father Lawrence Powell

Name of mother Nettie Callum MAIDEN NAME 4130 South Parkway ADDRESS

Birth attended by Beatrice E. Tucker, M. D.

*Herman N. Bundesen*  
PRESIDENT OF BOARD OF HEALTH

This certificate of birth should be carefully preserved as record of value for future use.

1. To establish age to enter school.
2. To establish age when applying for working papers.
3. To establish legal age for rights of franchise.
4. For jury and military service.
5. To prove citizenship.
6. To obtain passports for travel in foreign countries.
7. To prove right to inheritance of property.

**NOTICE**

If any errors are found in the statements given on the face of this certificate, kindly send corrections at once to **DR. HERMAN N. BUNDESEN, PRESIDENT, BOARD OF HEALTH, CITY HALL, CHICAGO, ILLINOIS.** The official record will then be corrected.

**UNOFFICIAL COPY**STATE OF ILLINOIS } ss.  
COOK COUNTY }**Certification of Birth**No. 45894

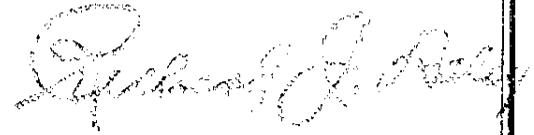
I, **RICHARD J. DALEY**, County Clerk of the County of Cook, in the State of Illinois, do hereby certify that Lucinda Powell of the Female sex,  
(Male or Female)  
was born on December 31, 1933 at Chicago  
(Date of Birth) (City or Village)

in the County of Cook and State of Illinois, all of which appears from the records and files in my office.

GIVEN under my hand and the seal of Cook County, at my office in the City of Chicago,

this 26th day of February A. D. 19 51

RECORDED January 5, 1933


N<sup>o</sup> **145883**

COUNTY CLERK

(VOID IF THE SEAL OF COOK COUNTY  
IS NOT IMPRESSED HEREON.)(VOID UNLESS THE IMPRESSED SIGNATURE OF  
RICHARD J. DALEY APPEARS ABOVE.)

Form 3080 637 31878

[OVER]

Chapter 111½, Section 55 of the Public Health Act, Illinois Revised Statutes 1941, provide:

“Certified copies of record of birth or death—Fee.) 20. The State Board of Health, any local registrar or any county clerk shall, on request, furnish a certification of the record of any birth, stillbirth, or death to any applicant entitled to the same upon the payment by such applicant of a fee of one dollar (\$1.00) to the maker of such certification. The certification of birth shall contain only the name, sex, date of birth, and place of birth of the person to whom it relates, and none of the other data on the certificate of birth. Any such certification of a birth, stillbirth or death, when properly certified to by the State Board of Health or the local registrar or the county clerk, shall be prima facie evidence in all courts and places of the facts therein stated.



STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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

REGISTRATION DISTRICT NO <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>622780</b>		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)			
1. <b>Lawrence Powell</b>		2. <b>Male</b>	3. <b>October 16, 1979</b>			
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MGS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MO. DAY, YEAR)	
4a. <b>Black</b>		5a. <b>81</b>	5b.	5c.	6. <b>June 4, 1898</b>	
CITY, TOWN, TRF. OR ROAD DISTRICT		HOSPITAL OR OTHER INSTITUTION		COUNTY OF DEATH		
7b. <b>Chicago</b>		7c. <b>Jackson Park Hospital</b>		7a. <b>Cook</b>		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		
8. <b>Mississippi</b>		9. <b>U.S.A.</b>	10. <b>Widowed</b>	11. <b>None</b>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE	
12. <b>4208</b>		13a. <b>Scarfer</b>	13b. <b>Steel</b>	13c. <b>No</b>	13d. <b>None</b>	
CITY, TOWN, TRF. OR ROAD DISTRICT		CITY, TOWN, TRF. OR ROAD DISTRICT	INSIDE CITY (YES/NO)	COUNTY	STATE	
14a. <b>7336 S. Blackstone</b>		14b. <b>Chicago</b>	14c. <b>Yes</b>	14d. <b>Cook</b>	14a. <b>Illinois</b>	
FATHER NAME FIRST MIDDLE LAST		MOTHER - MAIDEN NAME FIRST MIDDLE LAST				
15. <b>Charlie Powell</b>		16. <b>Lucinda Hood</b>				
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS			
17a. <i>[Signature]</i>		17b. <b>Daughter</b>	17c. <b>7336 S. Blackstone Chicago, Illinois</b>			
DEATH WAS CAUSED BY		PART I. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>Respiratory failure</b>		DUE TO OR AS A CONSEQUENCE OF				
(b) <b>Congestive heart failure</b>		DUE TO OR AS A CONSEQUENCE OF				
(c) <b>Carcinoma of the lungs</b>		DUE TO OR AS A CONSEQUENCE OF				
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b) AND (c)			IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. <b>10/11/79</b>		20b. <b>Tumor rt. main stem bronchus, Total atelectases Rt. lung</b>			19a. <b>NO</b>	
DATE OF DEATH (MONTH DAY YEAR)		MAJOR FINDINGS OF OPERATION		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
21a. <b>10-2-79</b>		21b. <b>10-16-79</b>		21c. <b>10-16-79</b>		
21d. <b>9:00A M</b>		21e. <b>10-16-79</b>				
22a. SIGNATURE <i>Jose M. Villanueva, Jr.</i>		22b. <b>10/16/79</b>			22c. <b>36-56238</b>	
22c. <b>Jose M. Villanueva, Jr. M.D. 7531 Stony Island, Chicago</b>		22d. <b>36-56238</b>				
24a. <b>Burial</b>		24b. <b>Lincoln</b>		24c. <b>Worth Illinois</b>		
24d. <b>October 19, 1979</b>		24e. <b>Chicago, Illinois 60653</b>				
25a. <b>71-272</b>		25b. <b>OCT 18 1979</b>				

026

DECEASED

304

334

PARENTS

629C  
128

CAUSE

78

CERTIFIER

LOCATION

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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 BIRTH NO.		REGISTRAR'S DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>602736</b>	
Type or Print in PERMANENT INK in Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH MONTH DAY YEAR		
1		CHARLES DAWSON		2 MALE	3 FEBRUARY 08, 1996		
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH DAY YEAR)		
4 COOK		5a 40	5b	5c	5d APRIL 30, 1955		
6a CHICAGO		6b COOK COUNTY HOSPITAL		6c INPATIENT			
7 CHICAGO, ILL		8a NEVER MARRIED		8b NONE		8c NO	
9 7700		10 ELECTRICIAN		11b GENERAL		12 12	
13a 7336 S. BLACKSTONE		13b CHICAGO		13c YES		13d COOK	
13e ILLINOIS		13f 60619		14a NO		14b YES SPECIFY 9	
15 CHARLES DAWSON		16 CHRISTINE POWELL		17 1835 W. HARRISON CHICAGO, ILL. 60612			
18 PART I		Immediate Cause (Final disease or condition resulting in death) <b>cardiac</b>					
CAUSE		(a) DUE TO OR AS A CONSEQUENCE OF <b>History of chronic cardiac</b>					
4 401		(b) DUE TO OR AS A CONSEQUENCE OF					
5 200		(c) DUE TO OR AS A CONSEQUENCE OF					
19 PART II		History of hypertension, diabetes mellitus					
20a		20b		20c YES NO		20d	
21a 2-7-96		21b		21c 0110A M		21d	
22a SIGNATURE <b>Suzanne M. Allen</b>		22b		22c		22d	
22c		22e		22f		22g	
23a CREMATION		23b OAKLAND MEM LANES		23c DOLTON, ILLINOIS		23d FEB 15, 96	
24a		24b		24c		24d	
25a		25b		25c		25d	
26a		26b		26c		26d	

TRUSTEE'S DEED

# UNOFFICIAL COPY

GREY & CO. INCORPORATED  
LEGAL BLANKS

*OK*  
*[Signature]*



0020065274

0020065274

176/0098 33 001 Page 1 of 1

2008-01-16 10:44:08  
March 19 2008  
Cook County Recorder

This Indenture, made this

29th

day of

STEVEN C. HORVATH

as trustee..... under provisions of a trust agreement known as trust no. 8447-B

dated the 18th day of May, 19 59 granted..... and

LAWRENCE PENELL

of City of Chicago; 7336 S. Blackstone, Chgo 60619

grantee.....

Witnesseth, That the grantor....., in consideration of the sum of ten and no/100 (\$10.00)

Dollars, receipt whereof is hereby acknowledged, and in pursuance of the power and authority vested in the

grantor..... as said trustee..... and of every other power and authority the grantor..... hereunto enabling, do hereby

herely convey and quitclaim unto the grantee....., in fee simple, the following described real estate, situated in

the County of Cook and State of Illinois

to wit:

The South one foot of lot twelve, all of lot thirteen in Peter A. Foote's Subdivision of the East half of the East half of the North West quarter of of the South east quarter of the North East quarter of section 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feet and the west 8 feet thereof,

COUNTY OF COOK  
STATE OF ILLINOIS

} ss.

I, the undersigned notary public

in and for said County, in the State aforesaid, do hereby certify that

Steven C. Horvath

personally known to me to be the same person whose name is

subscribed to the foregoing instrument

STATE OF ILLINOIS  
County of Cook)

# UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 28 2007

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						<b>606157</b>	
Type or Print in PERMANENT INK See Funeral Directors, Ho. of Hlth., or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>Christine Dawson</b>				Female		3. April 3, 1999			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>Cook</b>		5a. <b>60</b>		5b.		5c.		5d. February 27, 1939	
CITY, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)			
6a. <b>Chicago</b>		6b. <b>Hospice 7336 S. Blackstone</b>				6c.			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <b>Chicago IL</b>		8a. <b>Divorced</b>		8b.				9. <b>NO</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. <b>[REDACTED]</b>		11a. <b>Homemaker</b>		11b. <b>Home</b>		12. <b>12</b>		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TWP, OR ROAD DISTRICT NO.				INSIDE CITY (YES/NO)		COUNTY	
13a. <b>7336 So. Blackstone</b>		13b. <b>Chicago</b>				13c. <b>Yes</b>		13d. <b>Cook</b>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY YES OR NO—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>IL</b>		13f. <b>60619</b>		14a. <b>Black</b>		14b. <b>X</b> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN LAST)		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
15. <b>Lawrence Powell</b>		16. <b>Nettie Cullom</b>		17a. <b>Lucinda West</b>		17b. <b>Sister</b>		17c. <b>7336 S. Blackstone, Ch. I</b>	
18. PART I		Enter the diseases, 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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Carcinoma of Colon</b>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		19a.		19b.	
20a.		20b.		20c. <b>YES</b>		20d. <b>NO</b>			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		21a. (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
21a.		21b.		21c. <b>5:40 P.M.</b>		21d.		21e.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. <b>[Signature]</b>		22b. <b>4/5/99</b>		22c. <b>036-04136</b>		22d.			
NAME AND ADDRESS OF CERTIFIER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. <b>PETER FRIEDEL</b>		BURIAL, CREMATION, REMOVAL (IF ANY)		CEMETERY OR CREMATORY—NAME	
22e. <b>[Signature]</b>		22f. <b>[Signature]</b>		23a. <b>24c. Dolton IL</b>		23b. <b>4-6-99</b>		23c.	
FURNAL HOME		FURNAL DIRECTOR'S SIGNATURE		FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED IN LOCAL REGISTER (MONTH, DAY, YEAR)		26b.	
24a. <b>Progressive Funeral Parlor 7208 S. Stony Island Chic IL</b>		24b. <b>[Signature]</b>		24c. <b>034-08527</b>		24d. <b>APR 06 1999</b>		24e.	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED IN LOCAL REGISTER (MONTH, DAY, YEAR)		25a.		25b.		25c.	
25a. <b>[Signature]</b>		25b. <b>APR 06 1999</b>		25c.		25d.		25e.	