UNOFFICIAL COPY

<u>AFFIDAVIT OF HEIRSHIP OF CHRISTOPHER PALMER</u>

- 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 Harnmond, 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 Q. 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 Ex ii 'it' it 'E' as attached herein.

FURTHER AFFIANT SAYETH NOT

Christopher Palmer

Doc#: 0920544067 Fee: \$226.00 Eugene "Gene" Moore RHSP Fee:\$10.00

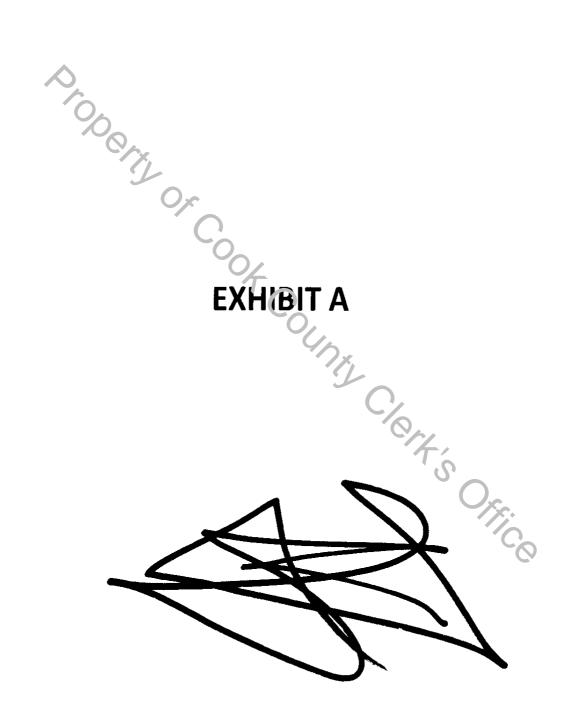
Cook County Recorder of Deeds

Date: 07/24/2009 01:01 PM Pg: 1 of 44

My Commission Expires Sept. 19, 2009

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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 MCTHER: ILLINOIS

AGE: 25

NAME OF FATHER: HENRY LERGY PALMER

PLACE OF BIRTH OF FATHER: TENNESSEE

AGE: 26

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

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

> > 0868264



County of Cook State of Illinois COUNTY BUILDING CHICAGO, ILLINOIS 60602-1304 **Office of County Clerk** David Orr

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

0920544067 Page: 4 of 44

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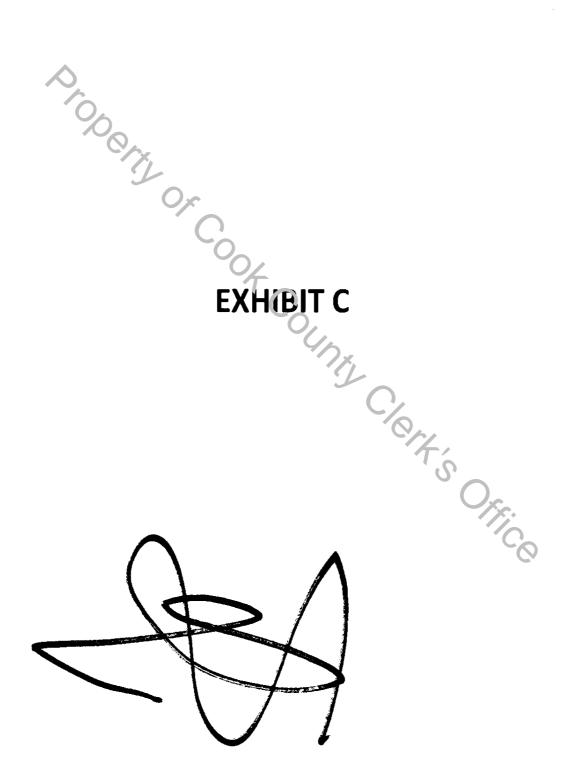
0920544067 Page: 5 of 44

CERTIFICATE OF DEATH

Local N		0-10	9									
1. Decedent's Legal Name (First, Mid				1a. Maiden Last I	Name (If Female)			2. Sex	3. Tir	tate No	4. Date	Of Death (Month/Day/Year)
Lucinda 5. Social Security Number 6a.	West								1	58 PM	Jur	ne 6, 2009
-7567	75 Mont	Inder 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 H	ont		f Birth (Month/Day				Or Foreign Country)
9. Ever in U.S. Armed Forces?	10. If Death Occi		Days al:	Hours				.31,19	1	Cnicag	go,	Illinois
☐ Yes 🕱 No Unknown 🗆	M Inpatient □	Emergency Dep	arlment Outpatient	Dead On Arrival				ner Than A Hospili me 🏻 Dursing Hi		Term Care Facility [7 04. (6	
11. Facility Name (If Not Institution. G	ive Street And Num	ber)						ine La Mulanig Ti	Americang-	Term Care Facility [Uther (S	pecity)
12. City Or Town, State, And Zip Cod						ounty Of Dea	4.	-				
Hammond, I	ndiana	4632	5		13. 0	Lak			.	14. Marital Status A		
15. Surviving Spouse's Name			15a. (If Wife)Giv	e Maiden Last Name	. 16	. Decedent's	Henal Oceu	Batton		M Widowed ☐ A	lever Marri	Separated 🔲 Divorced ed 🔲 Unknown
None			N	A				istan	t	17. Kind Of Bus	\mathtt{ail}	=
18. Residence - State Illinois	6	18a.	Cook		18b. City o	icag	0					
18c. Street And Number	, , ,	0				· ·		18d. Apt.	No.	18e. Zip Co	de	18f Inside City Limits?
7336 S. Bla	ckston	e Cy							-	6061		¥Yes □ No
19. Decedent's Education 2 yrs. Col	logo	20	Dr Jedent Of Hispani	c Origin		21. Decede		L				
22 Father's Name (First, Middle, Last)	-		No			Bla						
Lawrence P	owell		O)K		23. Mother's N		iddle, Last)				llo	den Last Name M
Arthur Q. Pa	lmer	,	24a. Relationship To Son	Uénedent	246. Mailing Ad 7336	dress (Street	and Number	tone (Chic	cago,,I	L.6	0619
					nce Of Dispositi							
25a. Method Of Disposition			Disposition (Name Of C	Cemetery, Cremato y,	Other Place)	25c.		City, Town, And St				
☐ Burial X Cremation ☐ Donation ☐ ☐ Removal From State ☐ Other (Specify):			Hill Cre	ematory	C		Gary	, Ind:	iana	ı		
26. Was Coroner Contacted? Yes No			ess Of Funeral Facility		+ 01			3.1			7a Funer	al Home License Number:
270: Sonalde Of Indiana Funeral Servi	Prog	on wi. C e ssiv	lliam FH ve Funer	i - Eas cal Par	lor-C	cago nice	, In	diana Illino	Fo Sis	r	830	01520
- Name V		Mary Mary	- 01	2 5 K	>	5		27c. License N	umber (Of			,
28 Pool Enter The Chair Of E	→ V	V	Cause	Of Death (See	Instructions	And Exa	ımples,					
28. Pag I. Enter The <u>Chain Of Ev</u> Such As Cardiac Arrest, Respirato A Line. Add Additional Lines if Ne	7 7 11 1031, 01 101	Injuries, Or C Itricular Fibrill	Complications—Tha ation Without Show	t Directly Caused ing The Etiology.	The Death, Do Do Not Abbrev	Not Enter late. Ente	Terminal in Only One	Event. Cause Cir	•			Approximate
A Line. Add Additional Lines if Ne Immediate Cause (Final Disease C	occount,				ONIC					CONC		Interval: Onset To Death
Sequentially List Conditions, If Any		_		(016	IONAR	Oue To	(Or As A Cons	equence Of).	S	13(1/3/6		
Line A. Enter The Underlying Cau The Events Resulting In Death) La	se (Disease Or II	njury That Initi	iated		1011 111	Due to	Of As A Const	equence Of).		\bigcirc		
. •			С			Due To	(Or As A Conse	quence Of		<u> </u>		
Part II Enter Other Significant Conditions	Contributing To De	ath But Not Resi	D. ulting In The Underlying	Cause Grven in Pari	H	29. W	as An Autop	sy Performed?		res XVIo		
						30. W	ere Autopsy	Findings Available	To Comp	lete The Cause Of	ēa.¬ —	Yes No
31. Did Tobacco Use Contribute To Death ☐ Yes ☐ Probably ☐ No ☐ Unknown	1	2 f Female:	II. B W Ph.					33. Manne	Of Death	:	_	/ \
34. Date Of Injury (Month/Day/Year)		I Hot Pregnant, Bu 5. Time Of Injur	thin Past Year D Pregnant of Pregnant 43 Days To 1 Year	at Reford Death Tith	nknown it Pregnant Wi	thin The Past Y	ear .		Could Ho	☐ Accident ☐ Pending Re Determined		
• • • • •		o. Time of high	,	36. Place	Of Injury (E.G., D	ecedent's Ho	me, Constru	THIS CERT	FIESTH	E ABOVE IS A TI	RLE AN	COMPLETE
38. Location Of Injury - State	3.6	a. City Or Town	1	38b. Stree	el & Number			LAKE COUN	ic Geri Ty Hêaj	IFICATE OF DEAT THEDECARIMEN	14 ON 14 1 380: Zid	LE ENTHITIE
39 Describe How Injury Occurred				<u>-</u>				40. If Tra	nsportatio	1947 Speed) 2	009	
								☐ Driver/C	perator 🛚	Passenger Podestri	an 🖾 Othe	r (Specify)
Signature, Of Person Certifying Cause	of Death:	T	Val				1 1	tifier (Check Only				
3 Name, Address And Zip Code Of	Parson Cortifuing	Cours Of D						ntifying Physician	Coron	er 🔲 Health Officer	5 Date C	entied
2075 INDIAWAR	XIS BL		HT1NG, 11	N 4639	94				010	39547		110/09
Additional Funeral Service Provider:		- 17	· · · · · · · · · · · · · · · · · · ·	¥ 100	. ,			47 *4		1 4		, · · · ,
8. Signature of Local Health Officer:							49 For	Registrar Only -	Date Filed	(Month/Day/Year)		
<	~		> /				_	,				
e Form 10110 (R7/9-07) ATTENTION ESTATE	The Sound Security	~ / <u>C</u>	But 1	۵.0.		<u></u>		June	<u> </u>	70' S	O	09 1
			more agency in order to	pursue its statutory respon	INDINEY. DISCIOSURE IS V	rountary and the	re will be no pe	naily for retusal. THE F	ECORDS IN	THIS SERIES ARE CON	FIDENTIAL F	PER IC 16-3 7-1-10

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QUIT CLAIM DEED ILLINOIS STATUTORY (INDIVIDUAL TO INDIVIDUAL	L)	
MAIL RECORDED DEED TO: Christopher Palmer 7336 S. Blackstone Chicago, Illinois 60619		
for and in consideration of TEN D QUIT CLAIM(S) to her son, CH Cook, State of Illinois, as GRAN estate situated in the County of Coo All interest in the residentia Illinois, 60619; Legal Description: SOUTH	ST OF 7336 S. Black OLLARS (\$10) and o RISTOPHER PALM FEE, as the sole and sk, in the State of Illino 1 real property con 1 FOOT OF LOT	RECORDERS STAMP stone, City of Chicago, County of Cook, State of Illinois, ther good and valuable considerations CONVEY(S) AND ER, of 7336 S. Blackstone, City of Chicago. County of individual owner, interest in the following described real ois, to wit: nmonly known as 7336 S. Blackstone, Chicago, 12, ALL OF LOT 13 IN PETER A. FOOTE'S IORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF
THE NORTHEAST 1/4 OF SI	ECTION 26, TOW DIAN (EXCEPT TI s): 20-26-221- 7336 S. BI	NSHIP 38 NORTH, RANGE 14 EAST OF THE HENORTH 33 FEET AND THE WEST 8 FEET
Lucinda West, Grantor		TS Ox
OFFICIAL SEAL VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES APRIL 15, 2003 NOTARY SEAL HERE	in and who execution and who execution and who execution a last voluntary act and de Given, under my hazi hazi hotary kubli	Notary Public in and for the state of day of (mo.) (yr.) (y
	D .	Cian

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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: Lyunia West
	Grantor or Agent
Subscribed and syrom to before	mmmmmm
Me by the said C. Carta	Seal Seal
this What of House,	VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINCIS VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINCIS
20	MY COMMISSION EXPIRES APRIL 15, 2008 2
NOTARY PUBLIC DAMES D. 9	ENDY
The Grantee or his agent affirms and veri	fies 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
	ecc or acquire and hold title to real estate in Illinois a
	ty recognized as a person and authorized to do business or
acquire and hold title to real estate under the	aws of the State of Illinois.
D : 11 (1)	11/61
Date 4-11, 20_	57 Signature: Mustiffed Mon
	Grantee or Agent
Subscribed and sworn to before	
Me by the said <u>Carrier</u>	OFFICIAL SEAL
This Ith day of HORI,	VANYA V. EVANS NOTARY PUBLIC, STATE OF ILL:NOIS
20 [].	MY COMMISSION EXPIRES APRIL 15, 2008
NOTARY PUBLIC CHAPTER	L'all

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.)

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EXHIBIT D

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UNOFFICIAL CO

AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

- I, Lucinda West, being first duly sworn on oath depose and state as follows:
- That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 1. vears.
- That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of 2 Cook, State of Illinois, on October 16, 1979. See Exhibit A.
- That at the time of my father's death, he was the sole owner of the Property. See Exhibit 3. В.
- That my father died intestate and the Property passed to myself and my sister Christine 4. Dawson.
- That Christine Dawson was married to Charles Dawson and said marriage terminated on 5. September 1, 1965.
- 6. That Christine Dawson had one child, Charles Dawson.
- That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, 7. State of Illinois, on February 8. 1996. See Exhibit C.
- That Christine Dawson died without a will on April 3, 1992 in Chicago, County of Cook, 8. State of Illinois. See Exhibit D.
- That Christine Dawson's only surviving heir is Lucinda West. 9.

FURTHER AFFIANT SAYETH NOT

Subscribed and Sworn before me This 6th day of February 2007.

Notary Publy

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

0920544067 Page: 11 of 44

UNOFFICIAL COPY

1. STANKEY T. KUSPER, It. County Crew of the County of Cook in the Seas afterested, and Keeper of the Kecter's and Filts of said County de hereby certify that the attached in a true and correct copy of the original Resord on his all to which appears tree the records and files in my office.

IN WITNESS WHEREOF, I have hereunto see my hand and affixed the Seal of the County of Cook, a try office in the City of Chicago, in said Count

County Clerk

	All the second s
Chapters and the state of the s	Babbert Reference - Secure
S. PLACE OF BIATE 3104	ORSENAL
*Townort	CERTIFICATE OF BIRTH
City Or them to an apply U.S. No.	45894
cable—Do not enter R. R. P. P. D., or other P. O. Address.	38-577 Registered No. 123034
Street and Humber, No.	A STATE OF THE PARTY OF THE PAR
2//	name instead of shild is not yet marred, make
14. Twin, Triplet 6. Number in or	Pameriure 7. Legist- S. Date of
A SOL AT CASIE	all an ma, c. motol/c. birth
FATHER	MOTHER
Barne autrice Tourell	name to the telephone
. Residence (usual place of abode) Aff Book and a portion of	(P. O. address)
(P. C. address) SHOULD THAT IS. (If nonresident, give place	(If nonresiden, e've place
and State)	and State)
Salar as man Slach last birthday 35 (Year	29. Color or ress Addition Till Last birthday 35 (Years
Birthplace (city or place), 307100 4000 (Culs.)	22. Birthplace (city or place) ILLUS 5 4 P
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular at a series de mark done, as housekeeper, 2 patt, nurse, stork, ste.
25. Industry or business in which work was done, as elik mill.	24. Industry or business in which work was done, at own home, is was done, at own home, is was a self-to-
16. Date (month and year) test	25. Carr month on week hard 25. Years time trains
ongaged in this work 27. Total time (years) spent in this work 22/24	
Number of shildren of this mether (at notion of this birth and including this child) (a) Born alive and new Hving	2 (b) Bern silve but new feed
What treatment was given child's eyes at birth!	<u>4.1.2.</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF I hereby contify that I attended the birth of this child, who we "Where there is no attending physician"	Was BORN ALIVE of
midwife, then the father, mother, he se- place, etc., shall make this return. See lice. , vital statistics law.	(Physician or Midwite)
Given name added from a supplement it	3 to A Carlo Correct Man Velophone MAN.
	Maned

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UNOFFICIAL COPY

EDWARD J. KELLY

MAYOR

BOARD OF HEALTH

HERMAN N. BUNDESEN M. D

Notification of Birth Registration

Thisistoadvise	riouthat the	sto is hours on	modum da	a File No	E00.4
in the Board of	! Health of	Chicago,	Illinois, d	r Pere Vo. 4 x Record of	<u> Birth</u>
of Lucinda	Powell		<i>S</i> ,	o Female	
Born on Lecemb	oer 31, 1933	at	4130 Sou	th Parkway	
Name of fairs	Lawrence	Powell	Kajaji — — —		
Name of mothe	w Nettie Ca	Line	4130 Sou	th Parkway	
Birth a	ttended by	Beatri	ice E. Tuck	ADDRESS	
	O	Q	Varman >	Sunda	ian_
			P	RESIDENT OF BOARD OF HE	ALTH

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

0/0/4/5

- 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.

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certify that	Lucinda P	owell		of the	
was born on	December	31, 19	35 _{at}	Chicago	(Male or Female)
in the County of C GIVEN und	(Date of Bir Cook and State o er my hand and	of Illinois, a	ll of which app of Cook Cou	(City or Vi ears from the records inty, at my office in	and files in my office.
	1 + 1-	ay of	February	A. D. 19_	
RECORDED Jane	1879 5, 1	933			
	90	Con		J. J	and J. A.
		Nº	145883		COUNTY CLERK
(VOID IF THE SEAL OF IS NOT IMPRESSED	COOK COUNTY HEREON.)		C),	(VOID UNLESS THE RICHARD J. DA	IMPRESSED SIGNATURE OF LEY APPEARS ABOVE.)
3080 637 31878			[OVER]	L C/0/4'S	

Form 3080

Chapter 1111/2, 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.

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STATE OF ILLINOIS) County of Cook)

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.

	REGISTRATION 16.1		STAT	E FILE	622780				
	REGISTERED NUMBER	M	EDICAL C	ERTIFICATE	OF DEA	ATH			
nx [DECEASED NAME	FIRET	MIDDLE	1, 457	SEX	· 10	ATE OF DEA	ΥH	MONTH DAY YEA
ctors'		avrence		Powell	2 Mal		Octob	er 16,	
21/25	HACE - INHITE BLACK AMES	A HIGIN OR DESC	NT AGE - LAST	UNDERTYEAR	UNDERIDAY	1.5			DUNTY OF DEATH
	4a Black	4 verica	1 5a. 81	5b. 5	OURS MIN	6 June	4, 189	8 72	Cook
6	CITY TOWN TWE ON HOAD O		HOSPITAL OR O	THER INSTITUTION	HAME OF NOT IN	ETHER GIVE	T PEET		OR INST INDICATE COA
SEU	7b. Chica		շշ. Ja	ckson Park	Hospital	L		7d.	In-patient
	STATE OF BIRTH DE NOT IN)	WIDOWED DIVONE	KARIED.	NAME OF	SURVIVING	SPOUSE INA	
	8 Mississippi	9 U.S.		10. Widowe		11.	None		
,	4200			KIND OF BUSINESS	OR INDUSTRY	U 5 WAR 1	ETERAN	WARORD	ATES OF SERVICE
<i>-</i>	RESIDENCE STREET AND NU	13a. Scarf		13b Steel		13c. No)	13d. NO	ne
	7226 0 51				INSIDE CITY	COUNTY			STATE
<i>*</i> ····>	/ 		145 Chic		_{14c.} Yes		∞k		140Illinois
ITS :		harlie		I P	MAIDEN NA			MIDDLE.	LAST
	INFORMANT'S SIGNATURE	Marine 17/7	Powel.	بحصوب أنينا مستوسسي	11 NG ABORES	Lucino 5 S78			Hood 。セルフとイモ
3 C	18 DEATH	H WAS CAUSED BY IMMEDITE CAUSE (a) ROS DUE TO GRASA CO	piratory	THOMEY ONE CAUSE	FER LINE FOR	a) (b) Avo	(C)		go, Illino
	IMMEDIATE CAUSE IN STATING THE UNDER LYING CAUSE LACT	(b) Con		eart failure		0/4			
	i								
	2027	(c) Car	cinoma of	the lings			3		
5/4/11	PART II. OTHER SIGNIFICA	ANT CONDITIONS CONC	CIRCMA OF	the lings	O TO CAUSE GIVES	(I IN PART I (a)	19a NO	(94	DEATH
5/4/11	PART II. OTHER SIGNES:CATE 010/8/79 IF AND 20a 10/11/79	ANT CONDITIONS COND	STOP CERATION	TO DEATH BUT HOT MILLATI			19a N.C	191	ERED IN DETERMINANCE CAUS DEATH D.
	20a 10/11/79	MAJOR ETITORIO 206 TUMO	S DI OPERATION T TE. Mair	stem brond	hus , Ta ta	al atel	19a N.C) [19] 25 Pt.	lung
>	20a 10/11/79 ATTEMPTO THE MARK 21a 10-2-79	MAJOR FINDING	Trt. mair	stem brond	hus, Tata	al atel	19a No ectase	191 25 Pt.	lung
	20a 10/11/79 CATTENDED THE MODELLE ASTERNATION 10 2 70	MAJOR FINDING	TOT OFCRATION To Tt. mair	stem brond	thus, Tata	al atel	ectase	191 25 Pt. 7 OU 21d	lung
ER	22a SIGNATURE 22c JOSE M. VII	206 Tumo	Trt. mair	stem brond	thus, Tata	al atel	ectase -79 PATE:	191 25 Pt. 1 OU 21d 51GNED 11	POODA A
	226 JOSE M. VII	20b Tumo	Trt. mair Month of the Control of t	stem brond	and, Chi	icano	-79 DATE:	25 Pt. 21d 21d 21d 36-5	Bung ROFOCATH 9:00A N MONTH DAY VEAN (6/7 9
	20a 10/11/79 20a 10/11/79 21a 10-2-79 21a 10-2-79 22a 510-11/20 1/45 22a 510-11/2	LANGE THE THANK	M.D. 753	stem brond 79 21 21 21 25 25 21 26 26 26 26 27 26 26 27 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27	thus, Tata	al atel	-79 DATE:	25 Pt. 21d 21d 21d 21d 20 36-5 20 36-5 SINVOLVED I AMINER MUS	Iung BOFDEATH 9:00A N MONTH DAY YEAR! 66238 NITHIS DEATH F BE NOTIFIED
	20a 10/11/79 20a 10/11/79 LATTERDED THE DECEASED FROM 218 10-2-79 TO THE BISS OF WE AND ADDRESS OF THE BISS OF WE AND ADDRESS OF THE BISS OF THE BI	MAJOR FINDING 206 Tumo 10641100000000000000000000000000000000	M.D. 753	stem brond 79 21 21 25 25 25 26 26 26 26 27 26 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	and, Chi	icano	19a No	191 25 Pt. 21d SIGNED 2d 36-5 SINVOLVED I AMINER MUS DATE 2d QCt	Iung BOFDEATH 9:00A N MONTH DAY YEAR! 66238 NITHIS DEATH F BE NOTIFIED
	20a 10/11/79 20a 10/11/79 LATTERDED THE IMPEDITE IMPEDITA IMPEDITATION IMPEDIT	MAJOR FINDING 206 Tumo 10641100000000000000000000000000000000	M.D. 753	stem brond 79 21 21 25 25 25 26 26 26 26 27 26 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	and, Chi Worth	icano Chica	19a No	191 25 Pt. 21d SIGNED 21d SIGNED 21d SINVOLVEDIAMINER MUS DATE 24PCt	POPOLATH 9:00A N MONTH DAY YEAR 66238 NIMIS DIATH I BE NOTIFIED TOOLET 19, 1

0920544067 Page: 15 of 44

STATE OF ILLINOIS) County of Cook)

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.

CEDENT'S DIRTH NO.	REGISTRATIC DISTRICT NO.	•	STATE OF ILLINOIS	·	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CE	RTIFICATE	OF DEATH	602736
Type or Print in PERMANENT INK PERMANENT Directors, Septial, or Physiciens Nendbook for INSTRUCTIONS			MOS BAYS HOURS b 5c	DAY DATE OF BIRTH HADRING SIGNAL SIGNAL STREET AND HADRING STREET STREET AND HADRING STREET	BRUARY 08,1996
B C O 4304	13e [13]	MARRIED NEVER MARRIED WIDOWED DIVORCED ISPECTIVE SA. NEYER MARRIED USUAL OCCUPATION LELECTRICIAN CONTROL STONE	KIND OF BUSINESS OF IND 11b GENERAL 24VN. OR HOAD DISTRICT NO CHICAGO	SE (MAIDENNAME II WIFT) DESTRY FOUCATION CHEET 12 12 INSIDE CIT 13. YES PRIGIN CHECK PARTIES IN Y YES SPECIFY	Y COUNTY 13d COOK TS SEE Y CLIMAN MENKAN PUR HOSK AND RES
PARENTS 1 BOS9 2 3 CAUSE N P	Immediate Cause (Final disease or condition resulting in neath) CONDITIONS: IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (C) PART II return significant condeans mention	PREMIOR DESCRIPTION OF THE MAJOR FINDINGS OF OPERATION 20b 177 170 170 170 170 170 170 1	ATIONSHIP MAILING RECORDS 17. 18	WAS CORONER OF MEDICAL EXAMINER NOTIFIED? VERY ON THE PROPERTY OF THE PROPER	POWELL RED CITORION STATE (ID) CHICAGO, ILL. 60612 SER DOBROTHER (IN) ON THE SERVICE AND T
CERTIFIEA CERTIFIEA	249 CREMATION 246	EYERYOR CREMATORY. NAME OAKLAND MEM LAN	ES 24c DOLTO	25c 100-	220 2 - 1 - (() ILLINOISTICEMENT NUMBER 226 C - 5 - 5 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6
 	269 >	Mois Department of Public	Aith - Office of Vital Records	26b FFB	A 4 1996

0920544067 Page: 16 of 44

TRUSTEE'S DEED

UNOFFICIAL COPY

Coefficie & Colombico LEGAL ELANKS

Octivis Inventure, made this 29th day

REZERVATE PART OF THE

1992 – 1992 – 1, 6 Narch 1988 I belyeck and have been det

STEVEN G. HORVATH

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

dated the

18th

day of

May

, 19 59 grandstall, and

LAWRENCE PONELL

City of Chatago:

7336 S. Blackstone, Chgc 60619

grance

Williamsself. That the grantor...... in consideration of the sum of tendand no/100 (\$10.00)

pollars, receipt whereof is hereby acknowledged, and in pursuance of the power and authority wested in the granter..... as said trustee..... and of every other power and authority the granter..... hereunto enabling, 40 5.5 hereby convey and quitclaim unto the grantee....., in the simple, the following described real estate, situated it the County of Cook and Start of Chinois

to with

The South one feet 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 gentier of section 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feet and the west 8 feet inevol)

COUNTY OF COOK
STAIN OF THIMON

SS.

in the undersigned notary public

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

Steven C. Horvath

0920544067 Page: 17 of 44

STATE OF ILLINOIS) County of Cook)

FEB 28 2007

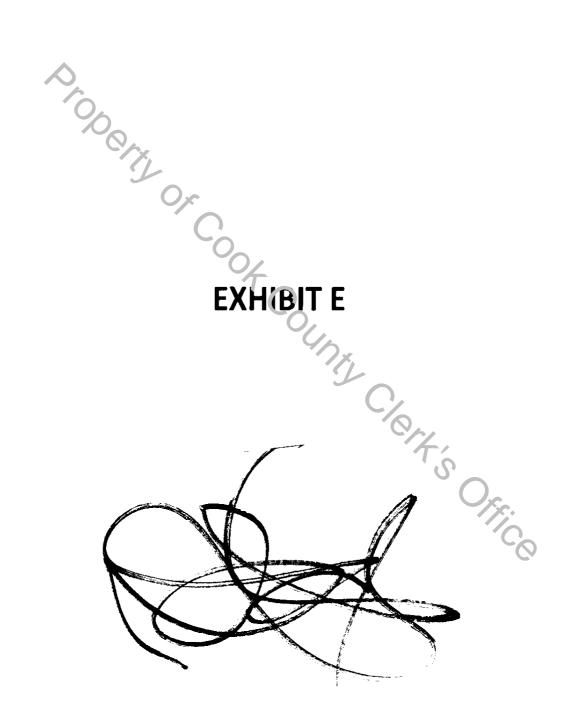
f, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

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.

EDENT'S SIRTH NO.	REGISTRATION 6.10	STATE OF ILLINOIS	STATE FILE . NUMBER
· .	REGISTERED NUMBER	MEDICAL CERTIFICATE OF	DEATH 606157
PRIMARENT INK	DECEASED W. WE	FIRST MIDDLE LAST SEX	DATE OF DEATH (MONTH, DAY, YEAR)
uneral Directors, tai, or Physiciane	1. COUNTY OF DEATH	INC UCUSON Ten	nale 3 1-10 Ril 3, 1499
andbook for STRUCTIONS	· C-OCP	BIRTHDAY IYRS) MOS. DAYS HOURS MIN.	ATE OF BIRTH (MONTH, DAY, YEAR)
	CITY, TOWN, TWP, OR ROAD DISTRI	54. 56. 56. 56. 56. 56. 56. 56. 56. 56. 56	1 - 0 10 10 1 1 1 1 1 1 1
	60 ChicaG	5 Hospice (13365	VESTREETAND NUMBER) IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIG IT (SPECIFY) 6:
CCEASED	BIRTHPLACE (CITY AND STATE OR	MAME OF SURVIVING SPOUSE (MAIDER WIDOWS), DIVORCED (SPECIFY)	NAME, IF WIFE) WAS DECEASED EVER IN U.S.
- CLASED	Enicago IL	Ba. DINOCCED Bb.	9. NO
	SOCIAL SECURITY NUMBER		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER)		12 2
	7221 5 6		INSIDE CITY COUNTY
	138. 300 20. 1 STATE ZIPCO	DE RACE (MHTE, BLA), NIERICAN DE HISPANICORIGIN? (S	13c. CO 13d. CO F PECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, &c.
Į.	130.	V Q MOUNTAGEORY	
	FATHER-NAME FIRST	MIDDLE LAST MOTHER-NAME FIRST	
ARENTS	15. Lawren	rce towell 16. He	Hie Cullom
	INFORMANT'S NAME (TYPE OR PRINT)	RELATIONS: P MAILING ADDRESS	(STREET AND NO, ORR F.D., CITY OR TOWN, STATE, ZIP)
	17a. Lucinda	West 178, 246, 120, 1331	· S. Blackstone Che
·····[2 Prices, 0	diseases, or complications that caused the death. Do not enter the mode of dying, suct if heart failure. List only one cause on each line.	T BE CATCHED OF TESPITATION BETWEEN ONSET AND DEATH
	Immediate Cause (Final deseas or concilion	Carcinoma of eslo	
	(resulting in death) $\int \frac{18}{\text{DL}}$	ETO, GRASA CONSEQUENCE OF	
	CONDITIONS, IF ANY WHICH GIVE RISE TO (b)		Z .
CAUSE	MMEDIATE CAUSE (a) DU STATING THE UNDERLYING	ETO, ORAS A CONSEQUENCE OF	1.0
	CAUSE LAST. (c		0.
	PART II. Other significant conditions contrib	Ming to death 5x4 not resulting in the underlying cause given in PART I.	AUTO SY WERE AUTOPSY FAIDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH TIVES NO.
	DATE OF OPERATION, IF ANY	IMAJOR FINDINGS OF OPERATION	19a 19b.
		,	IF FF MAI F, WAS THERE A PREGNANCY IN PAST THAF & MC NTHS?
·····>	208.	[200. GED /MONTH, DAY, YEAR] [WAS CORO	20c. > S ☐ NO D
	AND LAST BAWHIMHER ALIVE ON 218	EXAMINEH 21b.	NOTIFIED? (YESMO)
	TO THE BEST OF MY KNOWLEDGE, D	EATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S):	STATED. DATE SIGNED (MONTH DAY YEAR)
	228. SIGNATURE . X C	yell Markhau!	220 4 5 9
	NAME AND ADDRESS OF CENTRER	(TYPE OF PRINCT)	ILLINOIS LICENSE NUMBER
] ;	220 V P- CHILLAN	76-Stones Carlos Yould Horro	220. 036 -04136
l	NAME OF ATTENDING PHYBICIAN IF	a — a	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE GOROMER OR MEDICAL EXAMINER
>	BURIAL CREMATION CERT	YERY ORCHEMATORY-MAME LOCATION CHYORTOW	MUST BE NOTIFIED.
	26 Remotion 200	Jakland Menland per Doltma	T 1 1 1 00
	FUNDRAL HOME	NAME STREET ART THUNDER OF RED CITY O	R TOWN STATE OF ZIP GOODAL
MOSTROUT.	25 Rogress	ive truneral taktor 12085.	Stony I slood (his The
[]	FUNERAL DIRECTOR B SIGNATURE	(2 ch)	FUNERAL DIRECTOR'S ILL MOIS LICENSE MUMBER
ς	250.	L V TARALI	25c.0 3 U - 0 8 5 2 7
	28. TEGISTING	la Lynchia	DATEFILED TO CAPE ON THE STATH, DAY, YEAR) 28b.
,	/R200 (Rev. 5/88)	Illands Department of Public Health—Division of Viral Records	(BASED ON 1869 U.S. STANDARD CERTIFICATE)

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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 Deceder 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 Apri 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

Sheet alxer

otary Public Signature

Arthur Q. Palmer

07-18-09

Notary Stamp

OFFICIAL SEAL

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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 Fubric Health. ch.

0868262



County of Cook State of Illinois

COUNTY BUILDING CHICAGO, ILLINOIS 60602-1304

Office of County Clerk David Orr

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

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CERTIFICATE OF DEATH

Local I		9					C4.	-4- 6 1 .		
1. Decedent's Legal Name (First, Mi	,	1a.	. Maiden Last Nam	se (If Female)		2. Sex	3. Time	of Death	4. Date Of	Death (Month/Day/Year)
	West Age - Yrs 6b. Under 1 Year	_,			- 1	Female		8 PM	June	6, 2009
-7567	75 Months			6e. Under 1 Hour Minutes	1	1 8 orth (Month/Day/)				Foreign Country)
9. Ever in U.S. Armed Forces?	10. If Death Occurred in A Hospi	1	0015	10a. If Death Occurred S	1	•	!	Curcai	30, T	llinois
11 Facility Name (If Not Institution	Inpatient Emergency Dep	parlment Outpalient 🔲 Dead (☐ Hospice Facility ☐				rm Care Facility 「	Tilher (Sned	erfirt.
	aret- Mercy	Medical C							Janes (opos	.119}
1	ndiana 4632	 25		13 County Of D	_			Mantal Status A		
15. Surviving Spause's Name		15a. (If Wife)Give Maio	den Lasi Name		nt's Usual Occu	eation.	1		lever Married	parated Divorced Unknown
None	A	NI	<u> </u>	Adm		istant	-		ail	y.
Illinois	153.	Cook		Chica	go					
7336 S. Bla	ackstone	hy		1		18d. Apt. N	lo.	18e. Zip Co 6061		Bf. Inside City Limits?
19. Decedent's Education 2 yrs. Co		7. Dr cedent Of Hispanic Origin	'n	1	dent's Race					
22 Father's Name (First, Middle, Last	_	0x -	12	3. Mother's Name (First,				23a Mo	thers Maider	
Lawrence I	Powell)	Nettie					llom	
Arthur Q. Pa	ılmer	248. Relationship to Ser		4b. Mailing Address (Stre 336 S.B.	lacks	tone C	hica	ago,,I	L.60	619
25a. Method Of Disposition	25b. Place O	of Disposition (Name Of Cemeter	25 r ace	Of Disposition	c Incation – (City, Town, And Stat				
☐ Burial Cremation ☐ Donation☐ Removal From State☐ Other (Specify)	□ Enlombmen! Oak	Hill Crema		Co		, Indi				
26. Was Coroner Contacted? Yos No N	Hinton Wi Progressi	ress Of Funeral Facility lliam FH - ve Funeral	- East l Parl	Chicago or-Chica	In	diana Illino	For	2	7a Funeral F 8 3 0 0 1	Tome License Number
- Naum V	W Atun	N 012	50	Z		27c. License Nur		ensee):	,	
28. Par I. Enter The Chain Of E Such As Cardiac Arrest, Respirat A Line Add Additional Lines If N	<u>(vents</u> —Diseases, Injuries, Or (ory Arrest, Or Ventricular Fibril	Complications - That Dire	other Courses The	structions And Executions and Executions of the Entire Not Abbreviate. Entire Not Abbreviate.		Events • Cause in				Approximate
A Line. Add Additional Lines If No Immediate Cause (Final Disease	ecessary.		CHRON	VIC 0 BS	TUCPUL	CUMS	3 1	SAME		Interval: Onset To Death
Sequentially List Conditions, If An Line A. Enter The Underlying Car	y, Leading To The Cause Liste	ed On B	PULMU	NARY F	BRU	equence Of).	0.			
The Events Resulting in Death) L	ast (Disease Of Injury That him	C	 		To (Or As A Conse	-4		15c.		
Part II Enter Other Significant Condition	s Contributing To Death Bul Not Re	D. sulting in The Underlying Cause	e Given In Part I		Was An Autop		□Ye	s X110		
				30.	Were Autopsy	Findings Available	To Complete	e the Cause Of the	ean /	Yes Vilo
31 Did Tobacco Use Contribute To Dea ''OS Probably D No Unknown	12 2					33. Manner i	Of Death:			
34 Date Of Injury (Month/Day/Year)	☐ Hol Pregnant, Br ☐ Hol Pregnant, Br 35. Time Of Inju	Vilhin Past Year ☐ Pregnant Al Time But Pregnant 43 Days To 1 Year Before	e Death Unknow	wn II Pregnant Wilhin The Pasi	l Yoar	gradición 😃	Could Lioi Re	Accident Pending	-	
	1800 51 10/2	y	36. Place OTA	Injury (E.G., Decedent's I	Home, Constru	THIS CERTIF	PESTIFIE	ABOVE IS A TH	RI E AND C	OMPLETE
38 Location Of Injury - State	38a. City Or Tow	wn	38b. Street &	Number		LAKE COUNT	Y HEALTY	CATE OF DEAT LOGICALIMEN	H UN HLE Tubbi zip Co	OWNTH/TIPE
· · · · · · · · · · · · · · · · · · ·										
9 Describe Haw Injury Occurred								yuly, Speqii). 21 ssenger 🗆 Podosin)09 on □ Other(Sp	recify)
Signature. Of Person Certifying Caus	e Of Death	Alal				tifier (Check Only O		□ Hoalth Officer		
3 Name, Address And Zip Code Of	Person Certifying Cause Of De	eath				relyally Filysician L	once Numb		5 Date Cent	fied
2075 INDIANA 6 Additional Funeral Service Provider	blis blid w	HITING, IN	46394	4		47. *Ak	<u>-</u> -	39547	6)	10/09
Signature of Local Health Officer					. I'd For	Registrar Only - D		logih Way Waza		
		> /			77 101.	τ.				
S. Outpublic of	Dusan WE	Sent D.O.				June	_ (0, 6	OO(9

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UN	OFFICI	IAL COPY
QUIT CLAIM DEED ILLINOIS STATUTORY (INDIVIDUAL TO INDIVIDUAL		
MAIL RECORDED DEED TO: Christopher Palmer 7336 S. Blackstone Chicago, Illinois 60619		
NAME & ADDRESS OF TAXPA Lucinda West 7336 S. Blackstone Chicago, Illinois 60619	AYER:	RECORDERS STAMP
QUIT CLAIM(S) to her son, CI	DOLLARS (\$10) and ot HRISTOPHER PALMI ITEE, as the sole and i	stone, City of Chicago, County of Cook, State of Illinois, ther good and valuable considerations CONVEY(S) AND ER, of 7336 S. Blackstone, City of Chicago, County of individual owner, interest in the following described real is, to wit:
Legal Description: SOUTH SUBDIVISION OF THE E. THE NORTHEAST ¼ OF S	I 1 FOOT OF LOT AST ½ OF THE NO SECTION 26 FOWN DIAN (EXCEFT TI: (s): 20-26-221-0	nmonly known as 7336 S. Blackstone, Chicago. 12, ALL OF LOT 13 IN PETER A. FOOTE'S ORTHWEST ¼ OF THE SOUTHEAST ¼ OF NSHIP 38 NORTH, RANGE 14 EAST OF THE LENORTH 33 FEET AND THE WEST 8 FEET 133,0000 10ckstone Chicago, Illinois 60619
Dated this day o	f <u>April</u> 200	
Lucinda West, Grantor	<u> </u>	'S Ox
portuga anaka ka	STATE OF ILLING	K)
OFFICIAL SEAL VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES APRIL 15, 2008	Application (yr.) Notary Public in and for the state of do hereby certify that on this the day of (mo.) yr.) Decline personally appeared before me known to be the individual described attending the within instrument and acknowledged that signed the same as the clean force free and
NOTARY SEAL HERE	voluntary act and dee Given_under_my_h	d for the uses and purpose herein mentioned. and and official seal this ! [day of (mo.) (yr.) 2007. Commission expires (mo./day) (yr.) 2007.
	Notary Rublic Exempt under F	C EGOLIO Real Estate Transfer Tax Law 35 ILCS 200/31-4
	sub par.	and Cook County Ord. 93-0-27 β3π.
	Date	Company of the Compan

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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	, 20_	<u> 1</u> Signature: <u> </u>	yeine West
Subscribed and sworn to before Me by the said ((())) + (()) this (()) day of (()) (()) 20 (())			OFFICIAL SEAL VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES APRIL 15, 2003
NOTARY PUBLIC COLLEGE	<u>. (') (</u>	CWS	
The Grantee or his agent affirms and assignment of beneficial interest in a la foreign corporation authorized to do b partnership authorized to do business or acquire and hold title to real estate under	and trust ous. 19283 (entity red the laws	is either a natural per or acquire and hold cognized as a person of the State of Illinois	erson, an Illinois corporation or title to real estate in Illinois a and authorized to do business or
Date	20 <u>0.1</u>	Signaorre:	
Subscribed and sworn to before Me by the said	G 19		OFFICIAL SEAL VANYA V. EVANS N. TARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES APPL 15, 2008
			- U _{Sc.}

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.)

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AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

- I. Lucinda West, being first duly sworn on oath depose and state as follows:
- That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 1. years.
- That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of 2. Cook, State of Illinois, on October 16, 1979. See Exhibit A.
- That at the time of my father's death, he was the sole owner of the Property. See Exhibit 3.
- That my father died intestate and the Property passed to myself and my sister Christine 4. Dawson.
- That Christine Dawson was married o Charles Dawson and said marriage terminated on 5. September 1, 1965.
- 6. That Christine Dawson had one child, Charles Dawson.
- That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, 7. State of Illinois, on February 8, 1996. See Exhibit C.
- That Christine Dawson died without a will on April 3, 1999 in Chicago, County of Cook, 8. 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 6th day of February 2007.

Notary Public

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 cf 9

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Maria de Ozenbero. Como estas

1. STANLEY T. KUSPER, Jr., County Cress of the County of Cook in the Season afteressed, and Keeper of the Kecords and Files of said County de herets certify the ensistances is a true and correct copy of the prignal he order file all or which appears trouble tecords and files in my office.

IN WITNESS WHERFOF, I have hereunto set my hand and affixed the Seal of the County of Cool, at the office in the City of Chicago, in said Count

Course Ciera

	The state of the s
CSMERGES I MARKET ME	
S. PLACE OF BIRCE	Department of Factor Section ORDERAL
County of County	CERTIFICATE OF BIRTH
*Township Road Date Prince Prince	
"Cannel the three terms and apply to at also	Registered No. 43894
D. or other P. O. Address.	38-577 Registered No. (Commentative No.)
Humber, Ne.	(If birth overred to heaptral or mantenton, give he maile instead of street and number.)
FULL NAME OF CHILD	
an ather?	Primerure 7, Lagiti- 8, Date of matel 2 birth 33 , 1887?
(To be answered unity in the creating plural births)	
Full name (111 Felice Toure)	18. (W) MOTHER mailton name
. Residence (usual place of abode)	10. Residence (travel place of abode)
(P. C. address) SILG Up. ZIIII (II ponresident, give place	(If nonresident give rises
and State)	and State)
Color or rose Stast toot birthday 35 (You	27/1/
Birthplace (city or place) 30 ton 1946 Luis	
(State or country) 14. Trade, prefession, or particular find of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular trade of mork done, as housekeeper, typist, nurse, stork, etc.
25. Endustry or business in which work was done, as with mill.	24. Industry or business in which work was done, no own home. Is myse's office, allk mill, etc
16. Date (month and year) lest engaged in this work apent in this work.	25. Chair month and work laws 25. Years those (reason to
	was but at at a training a second
and including this child) (a) Born aller and new living	3 (b) Bern allys but new dead. Q. (e) Stillbern Q.
F What treatment was given child's eyes at birth? HOSTIFICATE OF ATTENDING PHYSICIAN OR MIDWIT	Pre 2 9
. GETTIFICATE OF ATTENDING THISINING OF MIDDING THIS PROPERTY SHARE ACCORDING THIS PROPERTY OF THE PROPERTY OF	Pratrice & Turker
vital statistics law.	Physician or Midwile)
Given name added from a supplemental Address	

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EDWARD J. KELLY



HERMAN N. BUNDESEN M. D.

Notification of Birth Registration

		, ,	
Thisistoadviseyou	thatthereispress	zvvedunder Fi	ile No. 45894
in the Board of He	alth of Chicago	Illinois, a R	ecord of Birth
of Lucinda Pow	el1	Sex_	Female
Bown on December 3	1, 1953 al	4130 South P	arkwav
Name of fainer 1	wrence Powell	CHICAGO, ILLINOI	s
Name of mother N	ettie felle	4170 G	3
Birth attend	MAIDEN NAME	ADDRE	arkway ss
	94	Doman M. S PRESIDEN	T OF BOARD OF HEALTH
	The state of the s	The second secon	

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

Clorts

- 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.

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STATE OF ILLINOIS SS.	C	ertification	n of Birth	No. 45894
I, RICHAR				e State of Illinois, do hereby
certify that		owell		of thesex,
was born on	December	31, 1933 at	Chicago	(Male or Female)
in the County of GIVEN und	Date of Bin Cook and State of der my hand and	Illinois, all of which	appears from the re	ce in the City of Chicago,
	C+35	y of Februa		D. 1951
RECORDED	wery 5, 19	33		
	20	C		Lacor J. Disc.
		Nº 14588	33	COUNTY CLERK
(YOID IF THE SEAL OF		C	(VOID UNLES RICHAR	SS THE IMPRESSED SIGNATURE OF D J. DALEY APPEARS ABOVE.)
rm 3080 -837 31878		[OVER]	Pir Clerk	175
	Chapter 1111/2.	Section 55 of the Publi	e Health Act, Illinois Re	evised Statutes.

Chapter 1111/2, 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.

0920544067 Page: 28 of 44

STATE OF ILLINOIS) County of Cook)

F 74 VID CRA County Clark

FEB 28 2007

1, 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

	REGISTRATION 16.1	0		STATE OF ILLINOIS		STAT!	E 622780
	REGISTERED NUMBER		MEDICAL C	ERTIFICATE	OF DEAT		00000
, [DECEASED NAME	Firest	MIDDLE	i,AST	SEX	DATE OF DEA	TH MONTH, DAY YEAR
101		rence		Powell	2 Male	3 Octob	er 16, 1979
	RACE - WHITE BLACK AMER	A 4		2)	UNDER LOAY DA	ATE OF BIRTH IMO DA	Y. YEAH! COUNTY OF DEATH
_	4a. Black	iar (nerica		5h. 5	6.	June 4, 189	
11	7b. Chica		i		AND NUMBE	THER, GIVE S'REET HI	OF EN ER, ON INST INDICATE DON,
-114	STATE OF BIRTH (IF NOT IN		TC. JO	ackson Park	MOSPITAL	NAME OF SURVIVING	7d. In-patient
	a Mississippi	9 U.S	Qx	10. Widowe	ا د	¥7	TOUSE (MAIDEN MANE, SP 5-1PE)
	SOCIAL SECURITY NUMBER	USUAL OCCU		KIND OF BUSINESS	OR INDUSTRY	US WAR VETERAN	WAR OR DATES OF SERVICE
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\ \	14a 7336 S. Bla		145 Chic	, o 585	14c. Yes	14d. Cook	14eIllinois
8 2			Albor K	()4	R - MAIDEN NAME		MICOLE LAST
	INFORMANTS SIGNATURE	narlie	Powel	-		Lucinda	Hood
	170	The year	repoly	12-662051"		STONYTES	CANDOCHICACO
	1 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	WAS CAUSED BY		b adgnter //	 	blackstone	Chicago, Illinois
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	,	(a) Res	spiratory	failure		•	
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	STATING THE UNDER.	(b) Cor	ngestive h	eart failur	, C	./-/	
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					• 10	DAY AN INDICAL BLO	INVOCVED IN THIS DEATH
				LOCATION	CITY OF TOW	*****	OATE IMPORTS DAY YEARS
	13 G. H. IA. L. C. C. C. C. G. G. A. N. 1994	CEMETERY OF CHE	ENTIONY NAME				
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	23 gunda (* 6600) pa, Burial contact Furera	₂₄₆ Lin∞	lli myssion)en	BON HE !	TITE OF TORY	Chicago, Il	linois 60653
	enes (ecoarea par Burial	₂₄₆ Lin∞	lli myretanijem	BON HE !	n Ave.	Chicago, Il	24October 19, 19 linois 60653

0920544067 Page: 29 of 44

STATE OF ILLINOIS) County of Cook)

FEB 28 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesald, 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.

CEDENT'S DIRTH NO.	REGISTRATIC A TA		STATE OF ILLINOIS		STATE FLE
	REGISTERED NUMBER	MEDICAL	CERTIFICATE	OF DEATH	NUMBER 600 736
Typs or Print in PERMANENT INK We Funeral Directors, Hipital, or Physicians Nandbook for		HARLES AGE-LAST BIRTHDAY IV		2 MALE 3 FE	OF DEATH MONTH DATE OF AREA ON THE CONTROL OF A CONTROL
INSTRUCTIONS	4 COOK CITY TOWN TWP OF ROAD DISTRIC	5a 40 TNI ABER HOSPITALOR	5b 5c OTHERINSTITUTION NAME IT NO	TINETHER GIVE STHEFT ANE NUA	
A DECEASED	6a CHICAGO BIRTHPLACE (CITYANOSTATION FOHEIGNGUNINTY) 7 CHICAGO, ILL	160 CC. MARRIED NEVERMARRIED. WIDOWE) DI /O'GED ISPECIE Sa. NEVER MARR		USE (MAIDENNAME IF WIFT	OPEM HER HANDING TO THE AVERAGE OF T
B C 4304	SOCIAL SECURITY NUMBER 10 357-48-7700 RESIDENCE STREET AND NUMBER	USUAL OCCUPATION ELECTRICIAN	KINDOF BUSINESS DELINE THE GENERAL TY TOWN OF BOADDISTRICT N	OUSTRY FOUCATION (SP) Commentary too creding 12 1 2	DITY JOUNTY
E	13a 7336 S. BLACK STATE ZIP CON 13a ILLINOIS 131		CHICAGO * (MERICA" - OF HISPANIC	OHIGIN THE CRY MODRY EST	S 13d COOK. 1 YES SUPER VEHICLE AND THE HEIGHT AND AND THE
PARENTS	15 CHARLES DA	MODLE LAST WSON		ME FIRST MIDE HRISTINE	POWELL
13007	OF PART LEGET OF STATE OF STAT		RECORDS 17 1	835 W. HARRISO	ORRED CITYORIOWN STATE ZIP. ON CHICAGO, ILL. 60612
3 CAUSE	Immediate Cause (Final oisease or condition resulting in reath) CONDITIONS, IF ANY WHICH GIVE RISE TO MILEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)	Callex 1	a dress	while,	19 Supple Sand Supple Supple
4 401 5 000	PARTIL Commission Conditions Southern Conditions Southern CVF	MAJORE MUNICIPAL OF OPERATION		s reck llitz 1998	OPS 1 PATE AUTO PAGE OF A TOTAL O
P }	20a PUDI (DID NO F) ATTEND THE DECEAS AND LAST SAW HIM HER ALIVE ON 21a TO THE BEST OF MY KNOWLEDGE, DE	2-7-96	ATE AND PLACE AND DUE TO TH	WAS CORONER OF MEDICA EXAMINER NOTIFIED? (VES) 21b FCAUSE(S) STATE!	
CERTIFIER	228 SIGNATURE	(TYPE OF PRIST) THEH THAN CERTIFIER (14)	PE OHPRINTI	IL MNCZCUAN	226 C L LICENSE NIMBER 226 C L L L'A
	BURIAL CREMATION. CEN	ETERYORCREMATORY- <i>NAME</i> OAKLAND MEM I NAME STREET	ANES 24c DOLT	ON, ILLINOIS	CATE (MONTH DAY 11 AN) 24d F t B 15,96
MOITIZOGZIC	PROGRESSIVE FUNERAL DIRECTOR SPISMATURE 256 CARROLL 257	FUNERAL PARLO	OR 7208 S. STO	. [
	LOCAL REGISTRAR'S SIGNATURE	Long Bl	tere Main a Maria and Maria and Annie an		3 1 4 1996

0920544067 Page: 30 of 44

TRUSTEE'S DEED

OFFICIAL

27**4/609**8 NN 801 Page 1 al

ilis **Indenture**, made this 29th

day of

róssi Galika

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 grandu..., *mi*

LIMEDICE PKELL

idago;

7336 S. Blackstone, Chgc 60619

Prantechine

Telithermery. That the grands....., in consideration of the sum of tendand no/100 (\$10.00)

Dollars, receipt whereof is hereby acknowledged, and in pursuance of the power and authority verted in the granter as said trustee and of every other power and authority the granter hereunte enabling, do 9.5 hereby convey and quitclaim unto the grantee in fee simple, the following described real estate, showed in the Countr of Cook Ulinois and State of

to wit:

The South one foot of lot twelve, all of lot thirtsex 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 sobtion 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feel and the west 6 feet the raof)

COUNTY OF STARM OF ILLINOIS

\\$**S**.

 $\hat{\mathbb{Z}}_{p}$ the undersigned notary public

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

Steven C. Horyath

0920544067 Page: 31 of 44

STATE OF ILLINOIS) County of Cook)

DAVID CRA 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.

	DISTRICT NO. 16.10	·	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	606157
Type or Print In ERMANENT INK	DECEASED	FIRST MIDDLE LAST SEX DATE OF DEA	TH (MONTH, DAY, YEAR)
Funeral Directors, pital, or Physicians	1. COUNTY OF DEATH	AGE-LAST UNDER I YEAR UNDER I DA DATE OF BIRTH (MONTH, DI	211 3,1999
Handbook for NSTRUCTIONS	, COOK	BIRTHDAY (YRS) MOS. DAYS HOURS MIN.	001000
	CITY, TOWN, TWP, OR ROAD LIST AN		IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM. INPATIC 17 (SPECIFY)
	BAChicaGe	3 60 HOSPice (1336 S. Blackstons	
DECEASED	BIRTHPLACE (CITYANOSTATEOR	WINDOWS DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE)	WAS DECEASED EVER INU S ARMED FORCES? (YES NO)
	SOUNDERNUMBER	88. 1) 1 O C C d 8b. USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION ISPECIFY ON	O 01 e
	5709	Elementary Secondary (0-12)	RYHIGHEST GRADE COMPLETED) College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDECITY	COUNTY
	13a. 1336 So. 1	Slackstone 132 Chicago 132 Peo	130. COOK
1	STATE ZIP CO	ADE RACE (MHITE, BL) MAERICAN OF HISPANIC ORIGIN? (SPECIFY NOOR YES IF YES, SPECIFY 14b XND TYPES SPECIFY	ECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
	FATHER-NAME FIRST	MIDDLE LAST MOTHER-MANE FIRST MIDDLE	MAINTEN LANG
PARENTS -	15. Car 17 4 v	rce tower 16. Dettie	(MAIDEN) LAST
`	INFORMANT'S NAME (TYPE OR PRINT)		.CITYOR TOWN, STATE, ZIPI
	17a. Lucinda	West 1815ter-110 336 5, 13/a	ckstone Chit
	18. PART I. Enter the shock, o	ediseases, or complications that caused the death. Do not enter the mode of dyling, such accardiac or respiratory a wheart failure. List only one cause on each line.	IFF0ST, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition	Carcinoma et colon.	
,	resulting in death)	JE TO, CRAS A CONSEQUENCE OF	
	CONDITIONS, IF ANY		·
	71:1101:0:101:101:10		1
CAUSE 11	71:1101:0:101:101:10	JE TO, ORAS A CONSEQUENCE OF	
CAUSE -	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DU (c)	Nulling to dealth Dut not resulting in the underlying cause given in PARTI.	MERE AUTOPSY FROMOS AVALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH VIYES NO.
CAUSE -	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DU (c)	MAJOR FINDINGS OF OPEFATION UTOF SY VESA*_3 19a INFERM	19b.
CAUSE	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Quar Hambarit conditions control DATE OF OPERATION, IF ANY 208.	MAJOR FINDINGS OF OPEFIATION WESP 20U. AUTOF SY (YESP 2) 19a. FF MAJOR FINDINGS OF OPEFIATION AUTOF SY (YESP 2) 19a. THERE	COMPLETION OF CAUSE OF DEATHPLYES NO.
CAUSE	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. One Express content on the DATE OF OPERATION, IF ANY 209. IJOHO (DID NOT) ATTEND THE DECEJ AND LAST BAW HIMMER ALIVE ON	MAJOR FINDINGS OF OPEFATION WAS CORONER DELIVERY	OGENETION OF CAUSE OF ORATH-ITES NO. 19b. ALE WAS THERE A PREGNANCY IN PAST MO TILS? Y. G NO ID UR VE LEATH
CAUSE	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. One porter control control DATE OF OPERATION, IF ANY 208. IMPO (DID NOT) ATTEND THE DECEN AND LAST BAW HIMMER ALIVE ON 218.	MAJOR FINDINGS OF OPEFIATION MASCORONER OF MEDICAL HOLE EXAMINER NOTIFIED? (YESMO) 200. WAS CORONER OF MEDICAL EXAMINER NOTIFIED? (YESMO) 21b. 21c.	19b. 19b. 19c.
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CAUSE	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. One porter control control DATE OF OPERATION, IF ANY 208. IMPO (DID NOT) ATTEND THE DECEN AND LAST BAW HIMMER ALIVE ON 218.	MAJOR FINDINGS OF OPEFATION 20U. CEATHOCCURRED AT THE T. WE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. AUTOF SY (YESP') 19a. WAS CORONER OF MEDICAL EXAMINETH NOTIFIED? (YESNO) 21b. 21c. 21d. 22d.	CONTESTINOS CAUSEOS OEATH-IVES NO. 19b.
	MAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART III. ONE PROFESSION CONTROL DATE OF OPERATION, IF ANY 200. UDIO) (DID NOT) ATTEND THE DECEL AND LAST BAW HIMHER ALIVE ON 218. TO THE REST OF MY KNOWLEDGE, D 228. SIGNATURE D NAME AND ADDRESS OF CENTRER LIMIT 1221 Y AT QUALANA	MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION 198 200.	19b. 19b. 19b. 19c.
	MAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART III. Que Home an construction construction of the construction of	MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION 19a	CONTRETIONOR CAUSE OF ORATH-IVES NO. 19b. 19b.
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· · · · · · · · · · · · · · · · · · ·	DATE OF OPERATION, IF ANY 200. IDATE OF OPERATION, IF ANY 200. 218. IDATE REST OF MY KNOWLEDGE, D 228. SIGNATURE D AMME AND ADDRESS OF CENTRER 201. NAME AND ADDRESS OF CENTRER 218. BURIAL OPERATION REMOVAL (BECOM) 240. FIRERAL HOME 250. CERT	MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION 200. MAS CORDINER OF MEDICAL EXAMINET NOTIFIED? (YESRO) 21b. 21b. 22i (TYPE OR PRINT) CATHOCCURRACE AT THE T. WE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22i (TYPE OR PRINT) CATHOCCURRACE (TYPE OR TOWN) CATHOCCURRACE	COMPLETION OF CAUSE OF OCATHOTIES NO. 19b. ALE WAS THERE A PREGNANCY IN PAST MOD THIS? ON OTHER ON OTH
	DATE OF OPERATION, IF ANY 208. IDEO IDEO NOTI ATTEND THE DECENTION OF AND LAST BAW HIMMER ALIVE ON 218. TO THE REST OF MY KNOWLEDGE, D 228. SIGNATURE BANGE AND ADDRESS OF CERTIFIER NAME AND ADDRESS OF CERTIFIER 220. BURIAL CREMATION CERTIFICATION BURIAL CREMATION CERTIFICATION FURRELL HOME 25. C. C. C. C. C. S. FURRELL DIRECTOR B SIGNATURE	MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION 19a	CONFLETION OF CAUSE OF ORATH-IVES NO. 19b. 19b
	DATE OF OPERATION, IF ANY 200. IDATE OF OPERATION, IF ANY 200. 218. IDATE REST OF MY KNOWLEDGE, D 228. SIGNATURE D AMME AND ADDRESS OF CENTRER 201. NAME AND ADDRESS OF CENTRER 218. BURIAL OPERATION REMOVAL (BECOM) 240. FIRERAL HOME 250. CERT	MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION MAJOR FINDINGS OF OPEFATION 200. MAS CORDINER OF MEDICAL EXAMINET NOTIFIED? (YESRO) 21b. 21b. 22i (TYPE OR PRINT) CATHOCCURRACE AT THE T. WE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22i (TYPE OR PRINT) CATHOCCURRACE (TYPE OR TOWN) CATHOCCURRACE	COMPLETION OF CAUSE OF OCATHOTIES NO. 19b. ALE WAS THERE A PREGNANCY IN PAST MOD THIS? ON OTHER ON OTH

Artist Known NOFFICIAL 200PY

Jul. 16 2009 10:56AM P1

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 19th Aven te Northeast, 2nd Floor, Minneapolis, Minnesota 55418.
 - 5. That prior to her passing the Oecodent 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 Troperty 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 (Polmer) 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

Shroknith

7/14/09

Notary Stamp



0920544067 Page: 33 of 44

CERTIFICATE OF DEATH

Local No.	0-10	9						:	State No		
1. Decedent's Legal Name (First, Middle, Last) Lucinda Wes	+		1a. Maiden Last N	iame (If Female)			2 Sex Femal	3. T	ime Of Death	↓ Date C	Death (Month/Day/Year)
	. Under 1 Year	Sc. Under 1 Month	6d Under 1 Day	Ge. Under 1 F	lauc			1			•
355-24-7567 75	onths	Days	Hours	Minutes	·	Dec.	31,1	933			r Foreign Country) Illinois
	☐ Emergency Dep	arlment Outpatient 📋 D	ead On Arnval	1			her Than A Hos me 🏻 Hursing		-Term Care Facility	. Dither (Sp	ecity)
St. Margaret-		Medical	Center	<u>-</u>							
12. City Or Town. State, And Zip Code Hammond, Indian 15. Surviving Spouse's Name	a 4632			į	La]	ke		•	14. Marital Statu Married Midowed	Marred, But S	eparated Divorced
None		N	Maiden Last Name		Adm	. ASS	sista	nt	1	tail	try
Illinois	18a.	Cook			nica (go	•				
7336 S. Blacksto	ne O	·					18d. /	pl. No.	18e. Žip 606		18f. Inside City Limits? Yes □ Ho
19. Decedent's Education 2 yrs. College	30	NO cedent Of Hispanic	Origin			dent's Race					
22. Father's Name (First, Middle, Last) Lawrence Powell			γ	23. Mother's Nett		Middle, Last)			T I	womer's Maio ullon	
Arthur Q. Palmer	,	Son	O	7336	S.B.	lacks	er, Gily, Slate stone	Chi	cago,,	IL.60)619
25a Method Of Disposition	25b. Place Of	Disposition (Name Of Ca		ne Of Dispos		c Incation -	City, Town, An	State			
☐ Burial X Cromation ☐ Donation ☐ Entombment☐ Removal From State☐ Other (Specify)	Oak	Hill Cre	4				, In		a		
		ess Of Funeral Facility lliam FH ve Funer	l - Eas al Par	t Chi	ezoc hi <i>er</i>	o. In	diana Illi	a F	or		Home License Number.
- A ann W	trung	- e1=	SV	7					01 Licensee): 00065		•
28. Par I. Enter The <u>Chain Of Events</u> —Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.	es, Injuries, Or I Ventricular Fibril	Cause (Complications—That lation Without Showi	ng The Etiology.	The Death, 1 Do Not Abbr	Do Not Enl eviate. En	ter Terminal iter Only On	l Evanus ne Cause Un				Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition F	tesulting In Deal	th A	- RHRI	DNIC	0 35	TU (PV	ECULY	5	DISGHE		- Dean
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (The Events Resulting in Death) Last	The Cause Liste or Injury That Ini	tiated	loth	TUNAT	RY F	BR C	US) S recipience Of	0			
, ,		c _			Due	To (Or As A Con	sequence Off		175		
Part II. Enter Other Significant Conditions Contributing To	<u>Death</u> But Not Re	D. sulting in The Underlying	Cause Given In Par	rt I			psy Perlormed y Findings Avai		Tyes Din	०	☐ Yes 🔀 No
3) Did Tobacco Use Contribute To Death?	32 If Female:						33. Ma	nner Of Dea	ith:		
☐ Yes (2/Probably ☐ No ☐ Unknown	☐ Hot Pregnant, B	Alhin Past Year 🔲 Pregnani Iul Pregnant 43 Days To 1 Yea	ar Before Death 🔲 U	Inknown If Pregnant	Within The Pas	sl Yoar		- ma	de 🗋 Accident 🔲 Pei Jol Re Desembed		
34 Date Of Injury (Month/Day/Year)	35 Time Of Inju	iry	36. Place	e Of Injury (E.G.,	Decedent's	Home, Constr	COPY OF	THE CER	PRE ABOVE IS A	- ALPLON FL	I Fegulticulting
38 Location Of Injury - State	38a. City Or Tov	νń	38b. Stre	et & Number			- LAKE GO	3h YTAU	ALTS DECARIN	EN 384 ZIP	Code
39 Describe How Injury Occurred			<u> </u>				1	Transporta	ter Fluty, Speqi)	2009 estron 🗆 Olher	(Specify)
41 Signature, Of Person Certifying Cause Of Death	V	HOL				1	etifier (Check (oner 🔲 Healih Off	cer	
43 Hame, Address And Zip Code Of Person Certification (Cartification of Cartification		IHTNG, II	N 463	94			4	O Akas	103954	45 Dave C	luloq
48 Signature of Local Health Officer	. DZ	But 1	٥. <i>٥</i> .						led (Month/Day/Yea		09

0920544067 Page: 34 of 44

UN	OFFICIAL COPY
QUIT CLAIM DEED ILLINOIS STATUTORY (INDIVIDUAL TO INDIVIDUAL	.L)
MAIL RECORDED DEED TO: Christopher Palmer 7336 S. Blackstone Chicago, Illinois 60619	
NAME & ADDRESS OF TAXPA Lucinda West 7336 S. Blackstone Chicago, Illinois 60619	YER: RECORDERS STAMP
QUIT CLAIM(S) to her son, CH Cook, State of Illinois as GRAN estate situated in the County of Cook	
Illinois, 60619; Legal Description : SOUTH SUBDIVISION OF THE EA THE NORTHEAST ¼ OF S	1 FCOT OF LOT 12, ALL OF LOT 13 IN PETER A. FOOTE'S AST ½ OF THE NORTHWEST ¼ OF THE SOUTHEAST ¼ OF ECTION 20, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE DIAN (EXCELT THENORTH 33 FEET AND THE WEST 8 FEET
Permanent Index Number (Property Address:	(s): 20-26-221-(13)-0000 7336 S. Blackstone, Chicago, Illinois 60619
Dated this day of	- April 2007.
Muinda (Des	
Lucinda West, Grantor	75
	STATE OF ILLINOIS)
OFFICIAL SEAL VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES APRIL 15, 2008	COUNTY OF COOK 1. COURTY OF COOK 1. COURTY OF COOK 1. COURTY Public in and for the state of day of (mo.) ACCUTED TO THE Personally appeared before me known to be the individual described in and who executed the within instrument and acknowledged that
NOTARY SEAL HERE	voluntary act and deed for the uses and purpose herein mentioned. Given under my hand and official seal this day of (mo.) (yr.) 2007. Commission expires (mo./day)
	Valua C Esano Notary Rublic
	Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45 sub per and Cook County Ord. 93-9-27 per.

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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	. 2001 Signature: Alexander West
	Grantor or Agent
Subscribed and sworn to before	a recoveration and an accordance
Me by the said (COA) to	S OFFICIAL SEA
this 11th day of 1500	TO VANYA V. EVANS NOTARY PUBLIC, STATE OF ILLINOIS
20 07.	MY COMMISSION EXPIRES APRIL 15, 2008 2
	Enancement and the control of the co
NOTARY PUBLIC JONE TO 1 9	Culling
The Grantee or his agent affirms and ver	ifies that the name of the grantee shown on the deed or
assignment of beneficial interest in a long	trust is either a natural person, an Illinois corporation of
foreign corporation authorized to do bus.	or acquire and hold title to real estate in Illinois a
partnership authorized to do business or ent	ity recognized as a person and authorized to do business or
acquire and hold title to real estate under the	laws of the State of Illine is
acquire and note the to real estate under the	iaws if the State of Hillings.
Dec. // 11	The state of the s
Date	67 Signature Commental Selfon
	Grantee or Agent
Subscribed and sworn to before	
Me by the said <u>Caratee</u>	3 anathrophean and market and
This this day of HOKA	OFFICIAL SEAL
20 0 7.	VANYA V. EVANS TARY PUBLIC, STATE OF ILLINOIS
"s	€ Mi COMMISSION EXPIRES APPIL 15, 2008 €
NOTARY PUBLIC Run ()	Encurrence in works

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.)

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UNOFFICIAL CO

AFFIDAVIT OF HEIRSHIP OF LUCINDA WEST

- I, Lucinda West, being first duly sworn on oath depose and state as follows:
- That I have resided at 7336 S. Blackstone, Chicago, Illinois 60619 (the Property) for 45 1. years.
- That I am the daughter of Lawrence Powell, deceased, who died in Chicago, County of 2. 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 В.
- That my father died intestate and the Property passed to myself and my sister Christine 4. Dawson.
- That Christine Dawson was married of Charles Dawson and said marriage terminated on 5. September 1, 1965.
- 6. That Christine Dawson had one child, Charles Dawson.
- That Charles Dawson, the son of Christine Dawson, died in Chicago, County of Cook, 7. State of Illinois, on February 8, 1996. See Exhibit C.
- That Christine Dawson died without a will on April 3, 1999 in Chicago, County of Cook, 8. State of Illinois. See Exhibit D.
- 9. That Christine Dawson's only surviving heir is Lucinda West.

FURTHER AFFIANT SAYETH NOT

Subscribed and Sworn before me This 6th 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 cf9

0920544067 Page: 37 of 44

SECULOS DE CARA DE LA DISCOSTA DE LA COMPANIONE DE LA COMPANION DE LA COMPANIO

. •	CENTIE	STATE OF ILLING	015	Registration 16.10 Registered) Child's	ORIGINAL Birth Number
	CERTIF	ICATE: OF LIV	E DIKIN	Number	112-07	665515
033	tute of Birth	S. County	Cook	2. Usual Residence of A. State	Mother (Where does B. County	
	C. (1) and the corporat		ge, er Incorporated Tewn	Chicago		r incorporated Town
43-646	D. [] Obració (e. rper		o, or Road District No.	D. [] Outside corpore		Read District No.
.	E. Name of Hospital Michae	i Reese Hospit			(Street & No. or R.F.)	Auto Comments
_	F. If not in hospital o	r ins litut ov, 3ive Street &	k No. er R.F.D. & P. O.	7336 SOU 7. Does mother resid	th Blackstone • on • form?	e Yes □ Ne(X)
	3. Child's Name	A. (First) Michael	B. (Middle)		Lest) est	4. Sex Male
LOCAL REGISTRAR:	5A. This Birth was		58. If Multiple, Child	Born 6. Date (He	ur) (Menth)	(Day) (Year)
T, OR QUADRUPLET	Single/(X Twin [Triplet 📗 Quae 🕻	1-1 - 2nd - 3rd -	4th Bieth 12:1	2 P 7	<u> 29 67 </u>
redfy yeur registered renber for each mate, illbern er live born.	7. Father's Full Nam	Michael	(Middle)		est	8. His Ruce Negro
VE BIRTH REG. NOS.	9. His Age 10. 26 Years	His Birthpiace (City and Chicago, Illi:	d State or (see by) 11A.	Nis Usual Occupation Store Keeper		Business er Industry Central Railr
# H	12. Mother's Full Maiden Name	A. (First) Lucinda	B. (Mid/io) C.	P	Lust) Owell	Negro
KLDIKTH RIG. NOS.	14. Her Age 15. 33 Years	Her Birthplace (City and Chicago, Illi)	1 State or Country) 15.5	/33U South		
	17. Infatignant (Signa	a Galles	オ	Chicago, Il	linois	
1960 Revisien	I hereby certify that	18A. Signature	Bund Mis	M.DXX D.C	at Birth Midwife	Other (Specify)
hased on	this child was born				Deta Signed	
U. S. Standard	elive on the date	$\underline{}$	outh Ellis Aven		7 -29- 67	1 124
Certificate Printed by the	stated above.		o, Illinois		3641073	
authority of the State of Illinois	19. Received for Filip	16°1 1967 (sign	Famuel L. And	elman.K.	Ch	Josef Registrur

0868266



County of Cook State of Illinois Office of County Clerk David Orr



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

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UNOFFICIAL COPY

Marin (n. 2001). Kalendari Kalendari (n. 2001)

3. STANKEY T. KUSPER, Jr. County Civil of the County of Cook in the Sext aforested, and Keeper of the Kecords and Files of said County de hereto certify that the attached is a true and correct copy of the original keeperd on his all to which appears troofitie records and files in my office.

IN WITHESS WHEREOF, I have hereunto see my hand and affixed the Seal of the County of Cool a my office in the City of Chicago, in said County.

Courty Clerk

	and the state of t
1. PLACE OF BIRTH	Separationis of Francis Separation Operation Al
Proventy Francy (A)	CERTIFICATE OF BIRTH
cable—Do not enter R. R. P. D. or other P. O. Address). Street and Rember, No.	38-577 Registered No. (Commentative No.)
FULL NAME OF CHILD	ma me material di child is not yet materia, male supplemental report, sa directed
Sex of Child by other? der of birth Fall plural births	H ter safe meter birth
Full Rame ANTIPLE TONE	name Bedde Sallact
(P. C. address) SIGG Glamp Idday (If ponresident, give place	(P. O. address) (If nonresident give rises
and State) 12. Age at Last birthday 35 (Years	II. Ago at
(State or country)	(00000 0: 00000)
24. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular form of work done, so housekeeper, typist, nurse, stock, stock.
\$5. Industry or business in which work was done, as site mill.	work was done, as ewn home, is wyse's office, all mill, etc.
16. Date (month and year) last engaged in this work apent in this work epent in this work.] (444444
Number of children of this mether (at mount of this birth and including this child) (a) Born alive and new living	(b) Born silve but now dead Q (e) Stillborn Q
What treatment was given shild's eyes at birth? CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFI hereby secsify that I attended the birth of this shild, who w Where there is no attending physician midwife, then the father, mother, hecse- ider, etc., shall make this return. See lied. yttal tracistics law.	Brating & Tules at
Given name added from a supplemental Peta Certificate	3 G Co & Car C. han Telephone MAN. The Salar

0920544067 Page: 39 of 44

UNOFFICIAL COPY

BOARD OF HEALTH

HERMAN N. BUNDESEN M. D

YOR

EDWARD J. KELLY

Notification of Birth Registration

σ_{I}				T. 10
Insistoade	iseryouthatthe	reisprese	rvedunder	File No. 45894
in the Board	of Health of	Chicago,	Illinois, a	Record of Birth
of Luci	nda Powell		Sei	$oldsymbol{x}$ Female
Born on Dec	ember 31, 1933	at	4130 Sout	h Parkway
Name of fair	/ ℓ¢⁄′Lawrence	Powel I	CHICAGO, 1	LINOIS
Name of mol	hew Nettie Na	111	4130 Bout	b Domb
	, ,, 0,,,	MAJOEN NAME	#100 0000	ADDRESS
Caraca Source	hattended ky	Beatr	ice E. Tuck	er, M. D.
	0,			Sunderan
			PRI	ESIDENT OF BOARD OF HEALTH

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

Clarks

- 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.

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STATE OF ILLINOIS S	s. Cei	ctification o	of Birth	No. 4589 €
I, RICHA			of Cook, in the State	of Illinois, do hereby
certify that		rell	of the	Female
was born on	·	5 1, 1933 at	Chicago	(Male or Female)
in the County of	(Date of Birth) Cook and State of II nder my hand and t	llinois, all of which app	(City or Vil	and files in my office.
	ಎರಿಂh day	13 . 1.	anty, at my office in	
RECORDED a	nuary 5, 193	3		
	J-Ox	C		and Jakan
		Nº 145883		COUNTY CLERK
(VOID IF THE SEAL C IS NOT IMPRESS	OF COOK COUNTY ED HEREON.)	C ₀ ,	(VOID UNLESS THE RICHARD J. DA	IMPRESSED SIGNATURE OF LEY APPEARS ABOVE.)
rm 3080 ≪∞-837 31878	Chanter 1111/ Sec	[OVER]	alth Act, Illinois Revised S	Stantes

Chapter 1111/2, Section 55 of the Public Health Act, Illinois Revised Sta utes 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.

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STATE OF ILLINOIS) County of Cook)

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.

	REGISTRATION 16.	10		STATE OF ILLINOIS			STATE FI	622780
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ys	HACE - IMMITE BLACK AMEI	R CAN ORIGIN OR DESC	ENT AGE - LAST	· · · · · · · · · · · · · · · · · · ·	INDERIDAY	1 ~.		EAN) COUNTY OF DEATH
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		UMBER 138. DCGL		13h Steel	NSIDE CITY	13c. NO	13	d None
z ţ	14a 7336 S. Bl	ackstone.	14b. Chic)/	YES NOT)	ı.	STATE
			100 CHILL		4c. YES	14d. COC		140Illinois
III (_ 15	harlie	Powel		######################################	Lucinda		_
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ER.	224 SIGNATURE	STIFIED.		IT VE OR PRINT!			HE F	NOIS LICENSE NUMBER
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0920544067 Page: 42 of 44

STATE OF ILLINOIS) County of Cook)

DAVID CRA 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.

CEDENT'S BIRTH NO.	REGISTRATION	STATE OF ILLIMOIS	,	STATE FILE
	REGISTERED NUMBER	MEDICAL CERTIFICATI	E OF DEATH	602736
Type or Print in PERMANENT INK of Function, aptimit, or Physicians Nandbook for INSTRUCTIONS		5a 40 5b 5c	HIDAY DATE OF BIRTH IMON	RUARY 08,1996 30,1955
A COECEASED CO 4304	6a CHICAGO BINTIPPLACE ICITYANOSTATEOR FOREIGN CONNIGN; 7 CHICAGO, ILL SOCIAL SECURDITY NUMBER 10 -7700 RESIDENCE (STREET AND NUMBER) 13a 7336 S. BLACK STATE ZIPCO 13e ILLINOIS	GB COOK COUNTY HOSP I MARRIED AS VERMARRIED SOLORCED SPECIFY SOLORCED SPE	OUSE (MAIDENNAME IF WIFE) ONE OUSTRY EDUCATION (SPEE) 12 12 NO INSIDE CIT (17, NO) 13c YES CORUGIN ISSUECE VINTURES IF YES	OP FM or PM increased and a process of the Company
PARENTS (1 3057)	FATHER-NAME FIRST 15 CHARLES DI INFORMANT SNAME (TYPE ORPRINT) 1.78	MIDDLE LAST MOTHER N AWSON RELATIONSHIP JANUA 170 RECORDS	AME FIRST MIDGLE CHRISTINE NG ADDRESS ISTRELIANDNO OR 1835 W. HARRISON	POWELL
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A MON S CHOOL N	DATE OF OPERATION IF ANY 20a	MAJORE MUNGS OF OPERATION 206.	j,	S Reference recovers and recove
CERTIFIER	228 SIGNATURE SOFT CERTIFIER 220 NAME OF ATTENDING PHYSICIAN IF C	2-7-96 EATH OCCUMPED AT THE TIME DATE AND PLACE AND DUE TO THE TYPE OF PRINTS	EXAMINER NOTIFIED? (YES AS)	HOUR OF DEATH 21C 0110A M DATE SIGNED MONTH DAY (LAN) 22D 2 - ((((((((((((((((((
DIŚPOSITION.	PEMOVAL (SPECIFI) 24a CREMATION 24t FUNERAL HOME	METERVORCREMATORY NAME DOAKLAND MEM LANES 24c DOLT NAME STREET AND NUMBER OF RED FUNERAL PARLOR 7208 S. ST	And the second s	IR SILLINOIS LICENSE NUMBER

0920544067 Page: 43 of 44

TRUSTEE'S DEED

UNOFFICIAL COPY

CES E COLE & CO EMERCE L E C A L E L A N K E

0020065274

4,

Paralle Paralle Comment

TORRELL - Life 80 Detween CE

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

1 Sth

day of

May

, **19**-59 granter..... ité

LAWRENCE PONELL

of City of Cricago;

7336 S. Blackstone, Chgc 60619

granice.....

Tillinesseif. That the grains....., in consideration of the sum of tendand no/100 (\$10.00)

Dollars, receipt whereaf is hereby acknowledged, and in pursuance of the power and anthority vested in the grantor..... as said trustee..... and of every other power and authority the grantor..... hereams enabling, do \$15 hereby convey and quitelaim unto the grantee......, in for simple, the following described real estate, shapped in the County of Gook and State of Ulianis

io 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 sobtion 26 Town 38 North, range 14, east of the Third Principal Meridian (except the north 33 feet and the west 8 feet the 2001)

COUNTY OF BLLINGIS

\ss.

i, the undersigned notary public

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

Steven C. Horvath

0920544067 Page: 44 of 44

STATE OF ILLINOIS) County of Cook)

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.

CEDENT'S BIRTH NO.	REGISTRATION 6.10	STATE OF ILLINOIS	STATE FILE . NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DE	EATH 606157
Type or Print in PERMANENT WK I Funeral Directors, pital, or Physiciana Handbook for	1. COUNTY OF DEATH	IRST MIDDLE LAST SEX N C	DATE OF DEATH (MONTH, DAY, YEAR) JE 3
INSTRUCTIONS	4. CITY, TOWN, TWP, OR ROAD LISTHIC	TNUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE ST	OP/EMERI RM, INPATIC*IT (SPECIFY)
DECEASED	BIRTHPLACE (CITYAND STATE OR ROOK RICOUNTRY)	BB. TOSPICE SPOUSE (MAIDENNAM) NAME OF SURVIVING SPOUSE (MAIDENNAM) BB. SOLVER SPECIFY) BB. SOLVER SPECIFY) BB. SOLVER SPOUSE (MAIDENNAM)	E. IF WIFE) WASDECEASED EVER IN U.S. ARMED FORCES? (YES NO)
В	STOM SECTION MEEN STOP	USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCE 114 TO ME 12.	CATION (SPECIFYONLYHIGHEST GRADE COMPLETED) College (1-4 or 5+)
D	138. 336 So. C.	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY COUNTY 136. COOK 136. COOK 136. COOK 1000 YES FYES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, MC
	13e 60C	INDIAN INTERECEPT 14b. KNO DYES MIDDLE LAST MOTHER-NAME FIRST	SPECIFY: MIDDLE (MAIDEN) LAST
PARENTS	15. CUTCU	ce towell 16. Det	FIE WILLOW
2	a Mock, or	diseases, or complications that caused the death, Do not enter the mode of dying, such accheant failure. List only one cause on each tine.	ardiac or respiratory arrest, APPROXIMATE MITERVAL SETWICEHONSET MODERATE
3	immediate Cause (Final desease or concrition resulting in death)	Carcinoma of Color	7.
. CAUSE	STATING THE UNDERLYING (c)	ETO, OP AS A CONSEQUENCE OF	Ś
4	PART II. Only sources seems control DATE OF OPERATION, IF ANY	wing to death that not resulting in the underlying cause given in PART I. MAJOR FINDINGS OF OPEFATION	(UTOP SY (%SA*) WERE AUTOPSY FROM OS AVAILABLE PRIOR TO COMMETION OF CAUSE OF DEA (HTYPES HO) 198. 19b.
P	209.	200. SED JACHTH DAY YEAR! WAS CORONER	IF FE' ALS WAS THERE A PREGNANCY IN PAST THEF' MOI THIS? 200. YES IN NO DO
	AND CAST BAW HIMHER ALIVE ON 218. TO THE REST OF MY KNOWLEDGE, DI	EXAMINENTOTI 21b. EATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATE	FIED? (YESMO) 21c. 5:40 PM
Cimetics.	228. SIGNATURE DE ACCEPTAGER	TOM Marshau.	22b. 4 5 A CY.
	55C1 1/ 1/2 C/ 1/10VV	THERTHANCENTIFIER TYPE OR PRINT, REPORT OF THE TOTAL CONTROL OF THE TOT	22d. 0 36 - 0 1 30 MOTE: FAINIJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MASS SE NOTIFIED.
	26 Remation 200	AKICAL MEM COMO 240. DO TON	STATE DATE (MONTH DAY YEAR) 24d. 4 - 6 - 99
กเรียดราชูเรียว	FUNERAL HOME 251- C C C C S FUNERAL DIRECTOR B SIGNATURE	ive Funeral takion 7208 So	STATE STATE STORY TS COOL UNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
Ĺ	255 LOCAL HEGISTHARY SIGNATURE	la Viene Ren	DATE FILE POPCAL PROSTHER STATE DAY YEAR)
	28a. VR200 (Rev. 5/89)	likrose Dopertment of Public Health—Division of Vital Records	26b. 1889 ON 1989 U.S. STANDARD CERTIFICATE)