



Doc#: 1021129134 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/30/2010 04:40 PM Pg: 1 of 4

ESTATE OF MAE EMMA POWELL,)
Deceased.)

AFFIDAVIT OF HEIRSHIP

Now comes DARLENE THOMPSON, an adult, residing at 8236 South Throop Street, Chicago, Illinois 60620, a resident of Cook County, Illinois, and states that the following facts are true and correct and that if called to testify in a court of law, her testimony would be in accord therewith:

1. MAE EMMA POWELL was born May 2, 1921, and died in Chicago, Illinois, on April 23, 2010. She was married once only to CURTIS POWELL, SR., who died in Chicago, Illinois, on May 8, 2001.

2. To the marriage of MAE EMMA POWELL and CURTIS POWELL, SR., were born five children, all surviving, namely, DARLENE THOMPSON, DELORES J. THOMPSON, CLEVELAND POWELL, EMMA J. MARSAW, and CURTIS POWELL, JR. No other children were born to CURTIS POWELL, SR. or MAE EMMA POWELL, and they adopted none.

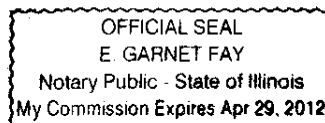
3. At the date of her death, MAE EMMA POWELL was the sole title holder of her two-flat building situated at 8236 South Throop Street, Chicago, Illinois 60620, the legal description of which is attached hereto.

Further, your affiant sayeth not.

Date: July 23, 2010 Darlene Thompson
DARLENE THOMPSON

Subscribed and sworn to before me this 23rd day of July, 2010.

E. Garnet Fay
Notary Public



This document was prepared by E. Garnet Fay, 53 West Jackson Boulevard, Suite 1457, Chicago, IL 60604, phone 312-427-4540.

UNOFFICIAL COPY

Legal Description

Property Address: 8236 South Throop Street
Chicago, Illinois 60620
Pin No. 20-32-129-029-0000, Volume 440

Lot 12 in Block Twenty-Five (25) in Fourth Addition to Auburn Highlands, being Hart's Subdivision of Blocks, 13, 14, 15 and 16, in the Circuit Court Partition of the North West Quarter (1/4) of Section 32, Township 35 North, Range 14, East of the Third Principal Meridian.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0032137

DATE ISSUED 05/18/2010

DECEDENT'S LEGAL NAME MAE EMMA POWELL			SEX FEMALE	DATE OF DEATH APRIL 23, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH MAY 02, 1921		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR			
PLACE OF DEATH INPATIENT					
BIRTHPLACE MARIANNA, AR	SOCIAL SECURITY NUMBER [REDACTED] 9010	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8236 S THROOP		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER'S NAME FRANK KING		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSIE TAYLOR
INFORMANT'S NAME SPENCER LEAK		RELATIONSHIP ADMINISTRATOR	MAILING ADDRESS 7838 S COTTAGE GROVE, CHICAGO, IL, 60619		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MAY 01, 2010	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 28, 2010		
CAUSE OF DEATH PART I. METASTATIC LUNG CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL OF ONSET AND DURATION	
		Due to (or as a consequence of):			
		b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
		c.			
		Due to (or as a consequence of):			
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS		MANNER OF DEATH	
		NOT APPLICABLE		NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:					
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE APRIL 23, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:06 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 23, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH L YELAMANCHILI, 4440 W 95TH ST, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036 098379	



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF DEATH RECORD
UNOFFICIAL COPY

STATE OF ILLINOIS-DIVISION OF VITAL RECORDS
 SPRINGFIELD, ILLINOIS

STATE FILE NUMBER 2001 0032924

DATE ISSUED 06/30/2010

DECEDENT'S LEGAL NAME CURTIS POWELL SR			SEX MALE	DATE OF DEATH MAY 08, 2001
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS		DATE OF BIRTH OCTOBER 18, 1911	
CITY OR TOWN N/A	HOSPITAL OR OTHER INSTITUTION NAME 4440 WEST 95TH STREET			
PLACE OF DEATH DOA				
BIRTHPLACE MARIANNA, AR	SOCIAL SECURITY NUMBER [REDACTED] 0378	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MAE EMMA KING	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8236 SO THROOP	APT. NO. N/A	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER'S NAME TIMOTHY POWELL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ETHEL COVINGTON
INFORMANT'S NAME MAE EMMA POWELL		RELATIONSHIP WIFE	MAILING ADDRESS 8236 SO THROOP, CHICAGO, IL 60620	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MAY 21, 2001	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME KAREN L SCOTT MD			DATE FILED WITH LOCAL REGISTRAR MAY 15, 2001	
CAUSE OF DEATH PART I KIDNEY FAILURE IMMEDIATE CAUSE: a. _____ Due to (or as a consequence of) _____ (Final disease or condition resulting in death) b. METASTATIC LUNG CANCER Due to (or as a consequence of) _____ c. N/A Due to (or as a consequence of) _____ APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH: N/A N/A N/A N/A N/A N/A				
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. N/A			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? N/A	FEMALE PREGNANCY STATUS N/A		MANNER OF DEATH N/A	
DATE OF INJURY N/A	TIME OF INJURY N/A	PLACE OF INJURY N/A	INJURY AT WORK? N/A	
LOCATION OF INJURY N/A			IF TRANSPORTATION INJURY, SPECIFY N/A	
DESCRIBE HOW INJURY OCCURRED N/A				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 04, 2001	WAS MEDICAL EXAMINER OR CORONER CONTACTED? N/A	DATE PRONOUNCED N/A	TIME OF DEATH 07:02 AM
CERTIFIER MD			DATE CERTIFIED N/A	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH N/A			PHYSICIAN'S LICENSE NUMBER N/A	

Record Amended on: 6/30/2010

017402

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

Damon T. Arnold, MD, M.P.H.

Damon T. Arnold, M.D., M.P.H.
 STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK