



Doc# 2328306854 Fee \$28.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH
COOK COUNTY CLERK

DATE: 10/10/2023 11:05 AM PG: 1 OF 5

Prepared by Janell Grooms
and Record & Return To:
FNC Title Services, LLC
1300 Piccard Drive, Suite 105
Rockville, MD 20850
2023-07-390

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF Illinois
COUNTY OF Cook

§
§

Joyce Powell of South Holland, Illinois
(Name of Person Giving Information) (City, State)

Being of lawful age, being first duly sworn according to law, on oath says:

That the information set forth herein constitutes a true, correct and complete statement of the family history of the person hereinafter named as "Decedent" (deceased person) and of the estate of such Decedent. *See attached Death certificate*

Name of Decedent Sylvester Powell

Date of Death April 3, 2015 What was Decedent's state of residence at the time of death? Illinois

Did Decedent leave a Will? Yes ___ No X Unk ___ If yes, has the Will been probated? Yes ___ No ___ Unk ___

If not, have any other administrative proceedings been initiated on Decedent's estate? Yes ___ No X Unk ___

If a probate or other administrative proceeding has occurred please provide the following information:

Where (City, State)? _____

Appx when: _____ Case Number if known? _____

(Attach copy of Letters Testamentary, Will, Order Admitting Will to Probate and Final Decree as Exhibit "B")

Was the property listed on Ex "A" acquired by gift or inheritance? Yes ___ No X Unk ___ If no, date acquired: 10/16/1991

Are there any outstanding debts, liens, suits, or judgments against the Decedent's estate? Yes ___ No X Unk ___

If so, will the estate be sufficient in your opinion to cover such debt, lien, suit, or judgment? Yes ___ No ___ Unk ___

At the time of death was Decedent: Married X Single ___ Widowed ___ Divorced ___

If married, Spouse's full name is: Joyce Powell Now Alive? Yes X No ___ Unk ___

Spouse's Last known Address or State of Residence: 15510 Champlain Street, South Holland, IL 60473

Was Decedent married more than once? Yes ___ No X Unk ___ If yes, provide the following information:

Name of Spouse	Now Living?	Divorced?	Appx Date of Death/Divorce	Last known Address or State of Residence
1.				
2.				

If Decedent had any children by any spouse, provide the following information: NONE

Name of Child 1:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 2:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 3:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 4:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?

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Name of Child 5:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 6:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?

If a deceased child left descendants, provide the following information – if none please so state: NONE

Name of Deceased child 1:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 2:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 3:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Answer the following only if Decedent left no surviving spouse, children, or descendants of deceased children:

Father's Name: _____ Alive? Yes ___ No ___ Unk ___ Date of Death: _____
 Last Known Address or State of Residence _____

Mother's Name: _____ Alive? Yes ___ No ___ Unk ___ Date of Death: _____
 Last Known Address or State of Residence _____

Did Decedent have brothers or sisters: Yes No ___ Unk ___ If yes, provide the following information:

Name:	Johnny Lee Powell		
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	
Alabama	N/A	Other	

Name:	Multiple – all pre-deceased		
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

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Exhibit "A"

Attached to and part of that certain Affidavit of Death and Heirship for
Sylvester Powell (Decedent)

Legal Description:

Lot 145 in Chapman Subdivision, being a subdivision of part of the North East 1/4 of Section 15, Township 36 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Tax ID# 29-15-208-025-0000

Property of Cook County Clerk's Office

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Below briefly state facts and circumstances (such as being a relative, friend, acquaintance, attorney, etc. of decedent) which will show basis and source of information hereinbefore given including how many years you've been acquainted with the decedent:

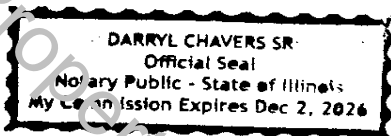
I was married to Sylvester Powell from 8/27/1977 until the date of his death, April 3, 2015. 4/3/2015

Further affiant sayeth not.

Joyce Powell
Affiant, Joyce Powell

Subscribed and sworn to this 25th day of September, 2023

(SEAL)



[Signature]
Notary Public

DARRYL CHAVERS SR
Printed Name of Notary
My Commission Expires: 12-2-2026

STATE OF ILLINOIS

COUNTY OF COOK

Before me, a Notary Public, on this day personally appeared Joyce Powell known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 25th day of September, 2023

(SEAL)



[Signature]
Notary Public

DARRYL CHAVERS SR
Printed Name of Notary
My Commission Expires: 12-2-2026

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0029864

DATE ISSUED 4/14/2015


DECEDENT'S LEGAL NAME SYLVESTER V POWELL SR		SEX MALE	DATE OF DEATH APRIL 03, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH MARCH 08, 1932		
CITY OR TOWN SOUTH HOLLAND		HOSPITAL OR OTHER INSTITUTION NAME 15510 SOUTH CHAMPLAIN STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE ORRVILLE, AL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOYCE K MC CAULEY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15510 SOUTH CHAMPLAIN STREET	APT. NO.	CITY OR TOWN SOUTH HOLLAND	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BOOKER T POWELL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERTA THOMAS
INFORMANT'S NAME JOYCE K POWELL	RELATIONSHIP WIFE		MAILING ADDRESS 15510 SOUTH CHAMPLAIN STREET, SOUTH HOLLAND, IL, 60473	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION APRIL 11, 2015	
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 14, 2015	
CAUSE OF DEATH - PART I. STOMACH CANCER WITH METASTASIS (UNKNOWN SITE)				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.			UNKNOWN UNKNOWN
	b.	Due to (or as a consequence of):		
	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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 02, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 13, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NICHELLE R HAMPTON MD, 8525 WEST 183RD ST, SUITE M, TINLEY PARK, ILLINOIS, 60487			PHYSICIAN'S LICENSE NUMBER 036096408	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.


 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE