

UNOFFICIAL COPY

POWER OF ATTORNEY

Form 112

Perfection Legal Forms, Rockford, IL 61101

95391099

KNOW ALL MEN BY THESE PRESENTS

That George W. French

. DEFT-D1 RECORDING \$25.50
 . T05555 TRAN 1699 06/16/95 11:01:00
 . 48374 ÷ DC *-95-391099
 . COOK COUNTY RECORDER

of the City
of Chicago
County of Cook

THE ABOVE SPACE FOR RECORDER'S USE ONLY

in the State of Illinois

has made, constituted and appointed, and BY THESE PRESENTS do here make, constitute and appoint

Odell Moody
of the City of Chicago County of Cook and

State of Illinois true and lawful ATTORNEY for me and

in my name, place and stead to Act on my behalf and to negotiate
all transactions pertaining to the sale of my real estate property located at:
7538 S. Wolcott Avenue in the City of Chicago State of Illinois County of Cook.

Legal Description:

Lot 13 in Block 9 in Englefield, being a Subdivision of the
South East 1/4 of Section 30, Township 38 North, Range 14,
East of the Third Principal Meridian, in Cook County, Illinois



George W. French
P.O. Box 140
ARKABA+LA mo 34602

Clerk's Office

95391099

giving and granting unto Odell Moody said ATTORNEY full power and authority
to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully,
to all intents and purposes, as I might or could
do if personally present at the doing thereof with full power of substitution and revocation, hereby ratifying and confirming all
that the said ATTORNEY or
substitute shall lawfully do or cause to be done by virtue hereof.

(OVER)

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{ 1111 }

Property of Cook County Clerk's Office

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 15th day of June 19 95

Signed, Sealed and Delivered in Presence of

Mary W. French (SEAL)

(SEAL)

INSTRUCTIONS: If this Power of Attorney does not cover real estate, it does NOT need to be notarized. All that has to be done is signed and witnessed by two other persons.
If this Power of Attorney DOES involve real estate, then it need not be witnessed but should be notarized.

State of Illinois }
County of Cook }

I, Edward McDowell
in and for, and residing in the said County, in the State aforesaid, DO HEREBY CERTIFY that George W. French

personally known to me to be the same person whose name subscribed to the foregoing instrument appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and seal, this 15th day of June, A.D. 19 95

My commission expires December 9, 19 95

" OFFICIAL SEAL " EDWARD MCDOWELL NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 12/9/95

" OFFICIAL SEAL " EDWARD MCDOWELL NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXPIRES 12/9/95

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 13 1995

I, SHERA LYNE RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO 16.10 REGISTERED NUMBER 607143

DECEASED NAME FIRST MAE MIDDLE FRENCH LAST FRENCH

AGE - LAST BIRTHDAY 58 68

DATE OF DEATH 3 April 11, 1995

CITY TOWN TWP OR TO DISTRICT NUMBER CHICAGO

BIRTHPLACE CITY AND STATE OR FOREIGN (INDICATE) KILKINNEAL, IRELAND

MARRIED NEVER MARRIED WIDOWED DIVORCED OR UNMARRIED MARRIED

SOCIAL SECURITY NUMBER 321-22-8583

USUAL OCCUPATION 7535 Sec. Wolkott

PLACE OF DEATH 13c CHICAGO

FATHER'S NAME FIRST PAUL MIDDLE People LAST MOODY

MOTHER'S NAME FIRST LUCY MIDDLE SANSFIELD LAST MOODY

17a FRIEND 17535 Sec. Wolkott CHICAGO 7535

18 PART I

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(a) Hypertensive Heart Disease
(b) ...
(c) ...

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION

20b 200

21a SIGNATURE OF DECEASED (TYPE OR PRINT) 1/13/95

21b SIGNATURE OF WITNESS (TYPE OR PRINT) Chela J. ...

22a SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 6337 Woodlawn Ave. Chicago, IL 60637

22c NAME OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER

23 BIRTHPLACE CITY AND STATE OR FOREIGN (INDICATE) CHICAGO ILLINOIS

24a BIRTHPLACE CITY AND STATE OR FOREIGN (INDICATE) CHICAGO ILLINOIS

24b BIRTHPLACE CITY AND STATE OR FOREIGN (INDICATE) CHICAGO ILLINOIS

25a SIGNATURE AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) A.A. RAYNER & SONS 315 East 112th St. Chicago Illinois 60619

25b SIGNATURE AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) Chela B. ...

25c SIGNATURE AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) ...

25d SIGNATURE AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT) ...

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