

Jia Title CP

*Bank one
Merrillville, Ind*

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TICOR TITLE INSURANCE

93040953

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

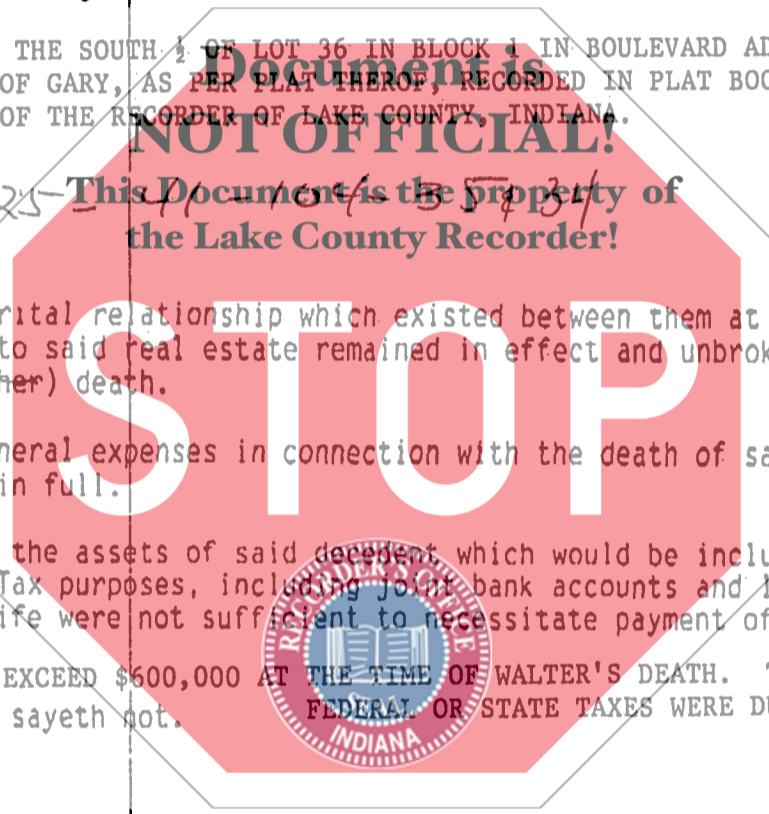
EFFIE L DAVIS, being first duly sworn upon oath, deposes and says:

1. That WALTER D DAVIS died on JUNE 24, 19 90 at 7:28PM AT METHODIST HOSPITAL NORTHLAKE
2. That EFFIE L DAVIS and WALTER D DAVIS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 34, 35 AND THE SOUTH 1/2 OF LOT 36 IN BLOCK 1 IN BOULEVARD ADDITION TO TOLLESTON, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 6 PAGE 38, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Venit 25 This Document is the property of the Lake County Recorder!

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent, which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax. ASSETS DID NOT EXCEED \$600,000 AT THE TIME OF WALTER'S DEATH. THEREFORE NO FEDERAL OR STATE TAXES WERE DUE. Further affiant sayeth not.

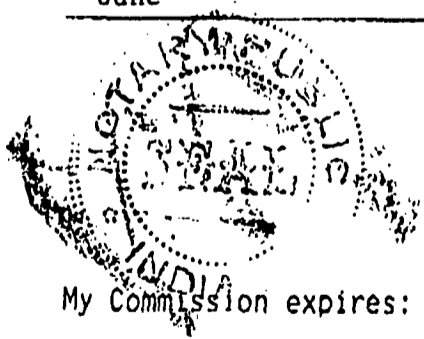


SAMUEL E. MILLER
RECORDER
JUN 25 11 58 AM '93

STATE OF INDIANA / S. H. C.
LAKE COUNTY
FILED FOR RECORD

Effie L. Davis
Effie L. Davis

Subscribed and sworn to before me, a Notary Public, this 3rd day of June, 19 93.



My Commission expires:
June 12, 1994

County of Residence:
Lake

This Instrument prepared by Effie L. Davis

FILED

JUN 22 1993

Vanessa D. Jamison
Notary Public
Vanessa D. Jamison

Anna N. Anton
AUDITOR LAKE COUNTY

00796

JW

6-10-93

288441

125262
90-0464

Hold → Vivian Ext 3228 return to
Offie Davis
1753 Taft St.
Gary, Ind 46404

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER USE ONLY

| | | | | |
|---|--|---|---|---|
| 1 DECEASED—NAME (First Middle Last) Walter D. Davis | | 2 SEX Male | 3a TIME OF DEATH 7:28p M | 3b DATE OF DEATH (Month, Day, Yr.) June 24, 1990 |
| 4 SOCIAL SECURITY NUMBER 428 20 9878 | 5a AGE—Last Birthday (Years) 65 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr.) August 25, 1924 |
| 7 BIRTHPLACE (City and State or Foreign Country) Moorehead, Mississippi | 8a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | |
| 8b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake | 8c CITY, TOWN OR LOCATION OF DEATH Gary | 8d COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) Effie L. Roby | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright | 12b KIND OF BUSINESS/INDUSTRY U.S. Steel | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN, OR LOCATION Gary | 13d STREET AND NUMBER 1753 Taft St. | |
| 13e ZIP CODE 46404 | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14 CITIZEN OF WHAT COUNTRY? USA | 15 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc) | 16 RACE—American Indian, Black, White, etc (Specify) Black |
| 17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 10th | | 18 FATHER'S NAME (First Middle Last) John D. Davis | | |
| 19 MOTHER'S NAME (First Middle Maiden Surname) Jillian Hubbard | | 20a INFORMANT'S NAME (Type/Print) Effie L. Davis | | |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1753 Taft St. Gary, Indiana 46404 | | 20c Relationship Wife | | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oak Hill Cemetery Gary, Indiana June 29, 1990 | | 21c LOCATION—City or Town, State |
| 22a EMBALMER'S NAME Rosalene Allen Jr. | | 22b EMBALMER'S LICENSE NO. 01051701 | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b LICENSE NUMBER (of Licensed) 01051701 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors Inc 2959 W. 11th Ave. Gary, In. 46404 | |
| 26 PART I Enter the disease, injury, or condition that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (disease or condition resulting in death) Hypertension | | | | |
| 27 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | |
| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated | | 29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | |
| 29c MEDICAL LICENSE NO. 31251 | | 29d DATE SIGNED (Month, Day, Year) 6/25/90 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CHIU N. C. K. WUSE 1110 W 5th Ave Gary 46402 | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | 32 DATE FILED (Month, Day, Year) JUN 26 1990 |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) |
| 34d DESCRIBE HOW INJURY OCCURRED | | 34e PLACE OF INJURY—At home, farm, street, factory, office building etc (Specify) | | |
| 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | |
| 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc | | 1383 | | |



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Key 41-104-35
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6-10-93 6.00