

Albert Davis

STATE OF INDIANA)
LAKE COUNTY) SS:

TAX KEY NO. 47-443-14

FILED

FEB 26 1996

AFFIDAVIT OF SURVIVORSHIP

SAM DRUCK
AUDITOR LAKE COUNTY

Marie Davis, being first duly sworn on her oath, deposes and says:

1. That she and her now deceased husband, Albert Davis, were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed recorded in the office of the Recorder of Lake County, Indiana, to-wit:

Lot Number Fourteen (14), in Block Number Seven (7), as marked and laid down on the recorded plat of Tarrytown First Subdivision in the City of Gary, Lake County, Indiana, as the same appears of record in Plat Book 30, page 13, in the Recorder's Office of Lake County, Indiana.

2. That the marital relationship which existed between said affiant and Albert Davis, her husband, continued unbroken from the time they so acquired title to said real estate until the death of her said husband on February 4, 1996, (as evidenced by the Death Certificate which is attached hereto and incorporated by reference as Exhibit "A"), at which time this affiant acquired title to said real estate as surviving tenant by the entirety.

3. That the gross value of the estate of said Albert Davis, deceased, taking into consideration in the evaluation thereof, the value of all his gifts in contemplation of death, including all gifts made by him in the three years next preceding his death, together with the value of all his investments in joint properties and tenants by the entirety, including the real estate in the above-described deed, plus the proceeds of all insurance on his life, did not equal or exceed the sum required to necessitate the filing of a federal estate tax return and that as a consequence of which, his estate was not subject to federal estate tax.

Date: 02/26/96

Marie Davis
Marie Davis

96012216

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96 FEB 26 PM 12:15
MARGARET HULL
RECORDER

001346

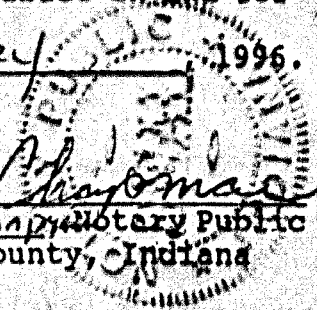
Handwritten initials/signature

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for
said County and State this 26th day of February, 1996.

My Commission Expires:

07-19-99

A circular notary seal for Lillian Chapman, Notary Public, Lake County, Indiana. The seal contains the text "LILLIAN CHAPMAN", "NOTARY PUBLIC", and "LAKE COUNTY, INDIANA".
Lillian Chapman
Lillian Chapman, Notary Public
Resident of Lake County, Indiana

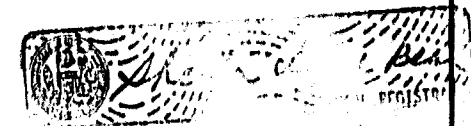
This document prepared by Ray B. Merritt, of the firm MERRITT
TROEMEL MEYER & HAMILTON, 136 N. Third Street, P.O. Box 1474,
Lafayette, IN 47902 (317) 423-2696

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH 602189			
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)	
1. ALBERT DAVIS		2. MALE		3. FEBRUARY 4, 1996	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH DAY YEAR)	
4. COOK		5a. 69		5d. MAY 21, 1926	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE DO A. OP. EMER RM. INPATIENT (SPECIFY)	
6a. CHICAGO		6b. VA WEST SIDE MEDICAL CENTER		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. CANTON, MS		8a. MARRIED		8b. MARIE JOHNSON	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 426 48 9676		REPAIR		11b. AUTO	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. 4051 W. 19TH AVE		13b. GARY		13c. YES	
STATE		ZIP CODE		FACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY))	
13b. INDIANA		13f. 46404		14a. BLACK	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. DAVE DAVIS		16. CLAIRE BROWN		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. KERZAKIAS ANTHONY, A.O.D.		17b. RECORDS		17c. 820 S. DAMEN AVE. CHICAGO, IL 60612	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ENTRIES (ENTER IN HOURS)
Immediate Cause (Final disease or condition resulting in death) → (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION DUE TO, OR AS A CONSEQUENCE OF					
(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					AUTOPSY (YES/NO)
ANEMIA SECONDARY TO CHRONIC LYMPHOCYTIC LEUKEMIA					19a. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. FEBRUARY 4, 1996		21b. NO		21c. 10:45 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH DAY YEAR)	
22a. SIGNATURE → <i>John Quehn</i>				22b. FEBRUARY 4, 1996	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22c. JOHN QUEHN, M.D. 820 S. DAMEN AVE., CHICAGO, IL. 60612				22d. PERMIT	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL CREMATION, METHOD (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a. BURIAL		24b. EVER GREEN		24c. HOBART INDIANA	
DATE (MONTH DAY YEAR)		24d. 2-10-96			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25. DARKER MORTUARY		9900 S. THROOP		CHICAGO ILL 60643	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>John Quehn</i>		25. 034009009			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
26a. <i>Sheila Lyne</i>		26. FEB 6 1996			

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 6 1996

I, SHEILA 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.