

STATE OF INDIANA )  
COUNTY OF LAKE ) 200 SS: 015325

**AFFIDAVIT OF HEIRSHIP**

*Peggy Ann Davis*, being duly sworn upon her oath, deposes and says as follows:

1. Affiant, *Peggy Ann Davis*, is 51 years old, and resides at 943 May St, Clarksville,  
Mississippi, 38614 and makes this Affidavit based upon her personal knowledge.

2. On August 7, 1969, in the State of Mississippi, the Affiant, *Peggy Ann Davis*, was married to *Edgar L. Davis* whose date of birth was August 8, 1944, and whose Social Security Number was 428-92-0795, and, was continuously married to *Edgar L. Davis*, until his death on December 19, 1999, a certified copy of his death certificate is attached hereto.

3. Affiant's spouse, *Edgar L. Davis*, died intestate on December 19, 1999, at Hammond, Indiana, leaving the following survivors and heirs at law, to-wit:

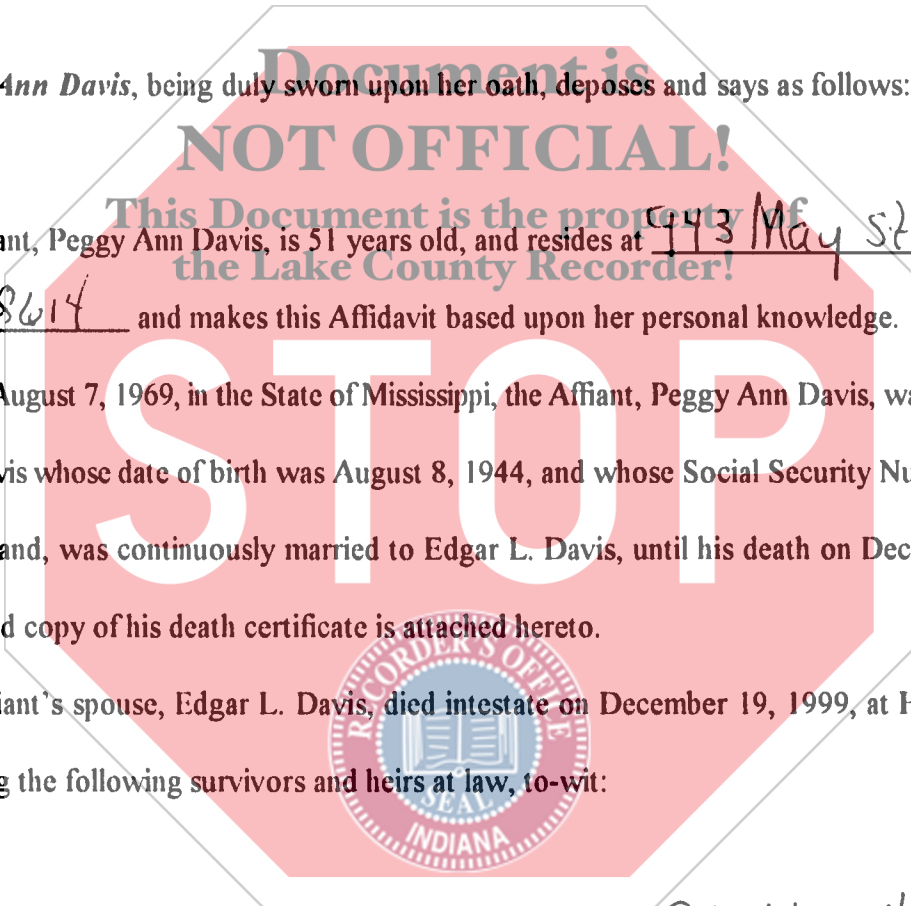
- A. The Affiant, *Peggy Ann Davis*, Surviving Spouse, 943 May St, Clark, Ms
- B. *Anthony Davis*, age 19, Son, 822 Eaton Street, Hammond, Indiana.
- C. *Pamela Davis*, age 27, Daughter, 4925 Hamlinct, Hammond, Indiana.
- D. *Tyrone Davis*, age 28, Son, 822 Eaton Street, Hammond, Indiana.
- E. *Michael Davis*, age 31, Son, 6129 Calumet Avenue, Apt. 3, Hammond, Indiana.

**FILED**

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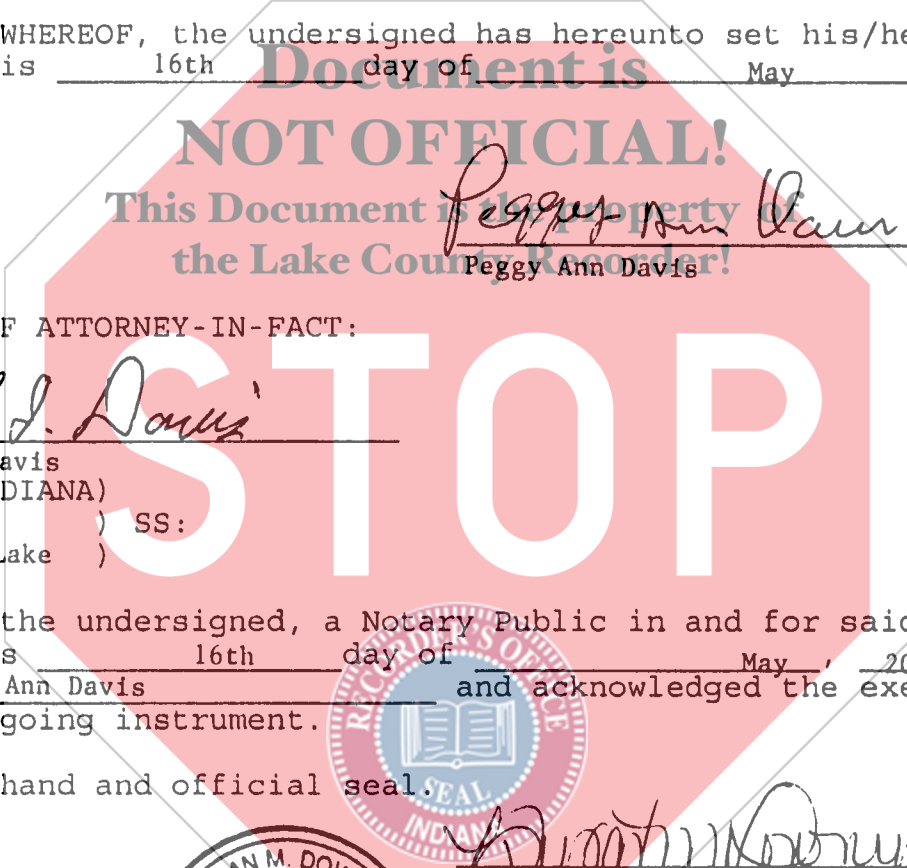
PETER BENJAMIN  
LAKE COUNTY AUDITOR

Spelgoric H/092-2728



Any act or thing lawfully done by my Attorney-in-Fact under this instrument shall be binding on the undersigned's assigns, heirs, legatees and devisees, and personal representatives. I hereby give and grant unto said Attorney-in-Fact full power to do every act necessary to be done about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said Attorney-in-Fact or his substitute shall lawfully do or cause to be done by virtue thereof.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this 16th day of May, 2000.



Peggy Ann Davis  
Peggy Ann Davis

SIGNATURE OF ATTORNEY-IN-FACT:

Michael J. Davis

Michael J. Davis  
STATE OF INDIANA)

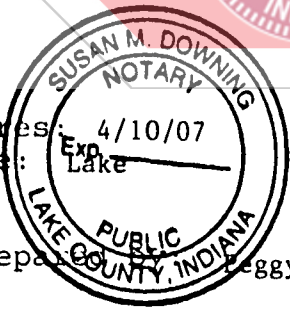
SS:  
COUNTY OF Lake )

Before me, the undersigned, a Notary Public in and for said County, this 16th day of May, 2000 came Peggy Ann Davis and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

Susan M. Downing  
Susan M. Downing Notary Public

My Commission Expires: 4/10/07  
County of Residence: Lake



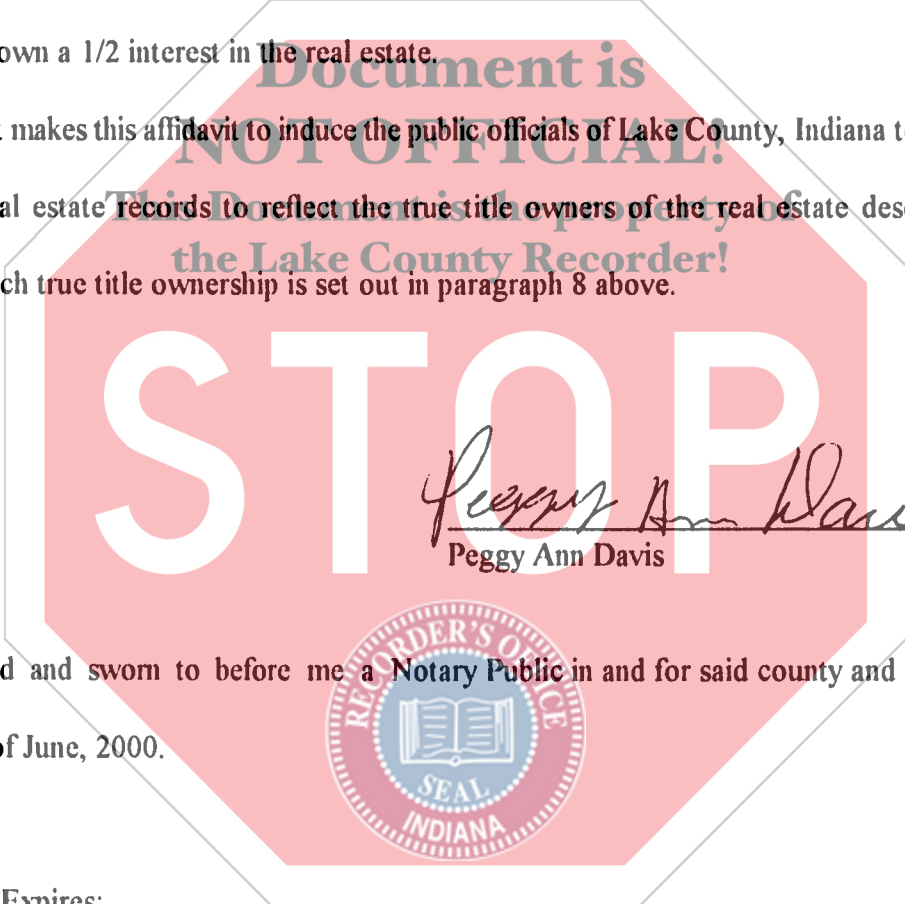
This instrument prepared by Peggy Ann Davis

the real estate described in paragraph 6, above, to-wit:

- a. his surviving spouse, Peggy Ann Davis, a 1/4th interest in the real estate;
- b. his surviving only daughter, Pamela Davis, 1/16th interest in the real estate; and
- c. his surviving sons, Anthony Davis, Tyrone Davis and Michael Davis, each a 1/16th

interest in the real estate; all as tenants in common with the heirs of Johnnie L. Wilson, who together own a 1/2 interest in the real estate.

9. Affiant makes this affidavit to induce the public officials of Lake County, Indiana to modify their tax and real estate records to reflect the true title owners of the real estate described in paragraph 6, which true title ownership is set out in paragraph 8 above.



*Peggy Ann Davis*  
Peggy Ann Davis

Subscribed and sworn to before me a Notary Public in and for said county and state this 7th day of June, 2000.

My Commission Expires:  
MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES AUG. 23, 2003  
BONDED THRU STEGALL NOTARY SERVICE

*Patricia B. Antice*  
Patricia B. Antice  
Resident of Cochran County Notary Public

Prepared by: Richard J. Lesniak, Attorney at Law  
LESNIAK & ASSOCIATES  
1802 E. Columbus Drive  
East Chicago, IN 46312  
(219)398-6200

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE & COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAR 31 2000  
Date Issued

*Franklin J. Premuda*  
Hammond Health Commissioner

Local No. 100

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

RESUBMIT TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) <b>EDGAR LEE DAVIS</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>2:53A M</b>	3b DATE OF DEATH (Month Day Year) <b>DECEMBER 19, 1999</b>	
4 SOCIAL SECURITY NUMBER <b>428-92-0795</b>	5a AGE—Last Birthday (Years) <b>55</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>AUGUST 8, 1944</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>CROWDER, MISSISSIPPI</b>	8a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> ODA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
8b WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8c YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9b FACILITY NAME (If not institution give street and number) <b>6129 CALUMET AVE.</b>			
9c CITY/TOWN OR LOCATION OF DEATH <b>HAMMOND</b>		9d COUNTY OF DEATH <b>LAKE</b>			
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>PEGGY A. GALMORE</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use ret old) <b>CRANE OPERATOR</b>	12b KIND OF BUSINESS/INDUSTRY <b>STEEL MILL</b>		
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY/TOWN OR LOCATION <b>HAMMOND</b>	13d STREET AND NUMBER <b>822 EATON ST.</b>		
13e ZIP CODE <b>46320</b>	13f RISE IN CITY LIMITS (If No) (If Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If Yes specify Cuban Mexican Puerto Rican etc) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian (Specify) <input type="checkbox"/> Black White etc <b>BLK.</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10/12) <input type="checkbox"/> College (1/4 or 5/4) <b>8th.</b>		18 FATHER'S NAME (First Middle Last) <b>EDGAR KILLEBREW</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>QUEEN B. DAVIS</b>		20a INFORMANT'S NAME (Type/Print) <b>PEGGY A. DAVIS</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>822 EATON ST. HAMMOND, IND.</b>		20c Relationship <b>WIFE</b>			
21a METHOD OF DISPOSITION: <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) <b>DECEMBER 24, 1999 HEAVENLY REST CEMETERY</b>		21c LOCATION—City or Town State <b>CLARKSDALE, MISSISSIPPI</b>	
22a EMBALMERS NAME <b>JOHN V. HOWER</b>		22b EMBALMERS LICENSE NO. <b>8600440</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Violet E. Hower</i>		24b LICENSE NUMBER (of Licensee) <b>014618</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>HOWER FUNERAL HOME 3002518 1628 WASHINGTON ST. GARY, IND. 4</b>		
26 PART I Enter the diseases injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest shock or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Laceration of lungs, heart and colon</b>		a. DUE TO (OR AS A CONSEQUENCE OF) <b>due to multiple gunshot wounds</b>			
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)			
c. DUE TO (OR AS A CONSEQUENCE OF)		d. DUE TO (OR AS A CONSEQUENCE OF)			
26 PART II Other significant conditions. Conditions contributing to death but not necessarily stated in Part I.					
27a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To <b>LAKE COUNTY AUDITOR</b> <input checked="" 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 checked="" 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		27b WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>	27c WAS AN AUTOPSY PERFORMED? (Yes or no) <b>YES</b>	27d WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>YES</b>	
29a SIGNATURE AND TITLE OF CERTIFIER <i>John V. Hower</i> <b>Deputy</b>		29b MEDICAL LICENSE NO. <b>N/A</b>	29c DATE SIGNED (Month Day Year) <b>December 21, 1</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 20 (Type/Print) <b>Donna Melyon, Deputy Coroner, 2900 West 93rd. Avenue, Crown Point, Indiana 463</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>			32 DATE (Month Day Year) <b>February 29, 2000</b>		
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 checked="" type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year) <b>Dec. 19, 99</b>	34b TIME OF INJURY <b>Unk.</b>	34c INJURY AT WORK? (Yes or no) <b>Unk.</b>	34d DESCRIBE HOW INJURY OCCURRED <b>Multiple gunshot wounds</b>
34e PLACE OF INJURY—At home farm street factory office building etc (Specify) <b>Unknown</b>		34f LOCATION (Street and Number or Rural Route Number City or Town State) <b>Unknown</b>			
35a DATE PROMULGATED DEAD (Month Day Year) <b>December 19, 1999</b>		35b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			

The witness is Spojoin  
920002728 H/G Spojoin  
920002728 H/G Spojoin

920601979  
TICOR TITLE INSURANCE  
46 Crown Point Indiana  
35-42-1

This Document is the property of the Lake County Recorder

FILED

MAY 19 2000

PETER BENJAMIN