FILED

DEC 13 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2007 097616

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 DEC 13 AM 9:24

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 20 day of Nov, 2007, before me personally appeared LLOYD UNDERWOOD DAVIDSON, JR., to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 6853 Delaware Avenue, Hammond, IN 46323.

2. Affiant is the adult son of SHARON ANNE DAVIDSON, the owner of the following described property:

   The North one-half of Lot 1, Block 6, Hartman's Gardens 2nd Addition, Hammond, as shown in Plat Book 16, page 9, in Lake County, Indiana; commonly described as 6853 Delaware Avenue, Hammond, IN 46323; Key No. 26-34-0056-0030.

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3. Said premises were formerly owned as tenants by the entireties by LLOYD UNDERWOOD DAVIDSON, SR., and SHARON ANNE DAVIDSON, husband and wife.

4. Said LLOYD UNDERWOOD DAVIDSON, SR., died on January 2, 1989. A certified copy of the death certificate of LLOYD UNDERWOOD DAVIDSON, SR., is attached hereto as "Exhibit A".

5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.

6. That LLOYD UNDERWOOD DAVIDSON, SR., and SHARON ANNE DAVIDSON were never divorced; and the above-described real estate passed to SHARON ANNE DAVIDSON upon the death of her husband, LLOYD UNDERWOOD DAVIDSON, SR.

LLOYD UNDERWOOD DAVIDSON, JR.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Thomas L. Kirsch.

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 20 day of November, 2007.

SUZETTE DAVIS-YOUNG
Lake County
My Commission Expires
June 13, 2015

, Notary Public

My Commission Expires: 6-13-15 **Resident of LAKE County.**

THIS INSTRUMENT PREPARED BY: **THOMAS L. KIRSCH, 5224-45**
131 Ridge Road, Munster, IN 46321
219-836-1384

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DG
669

024411

Local No. 6

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

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

State Nov. 19, 2007 — Date Issued — [signature] MD, Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: FIRST Lloyd; MIDDLE Underwood; LAST Davidson Sr.
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): January 2, 1989
4. SOCIAL SECURITY NUMBER: 304-38-9667
5a. AGE—Last Birthday (Years): 50
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 5, 1938
7. BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8. YEAR LAST SERVED IN U.S. ARMED FORCES?: NONE
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6853 Delaware Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Sharon White
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Boilermaker
12b. KIND OF BUSINESS/INDUSTRY: Local #374
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 6853 Delaware Avenue
13e. INSIDE CITY LIMITS? (Yes or no): YES
13f. FARM: NO
13g. ZIP CODE: 46323
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5 +):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frederick Raymond Davidson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eleanor Ickes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Sharon Davidson
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6853 Delaware Avenue, Hammond, IN 46323
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 4, 1989 Oakland Memory Lanes
20c. LOCATION—City or Town, State: Dolton, Illinois
21a. SIGNATURE OF FUNERAL DIRECTOR: John V.Huber [signature]
21b. LICENSE NUMBER (of Licensee): 1006049
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Virgil Huber Funeral Home-3002869 7051 Kennedy Hammond, IN 46323

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title
23b. LICENSE NUMBER
23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 02:55A M
25. DATE PRONOUNCED DEAD (Month, Day, Year): January 2, 1989
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes

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CAUSE OF DEATH — SEE INSTRUCTIONS

27. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Vascular Collapse — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF)
b. Arteriosclerotic heart & vascular collapse
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER — SEE INSTRUCTIONS

29a. CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☒ CORONER ☐ 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Daniel D. Thomas, M.D. [signature]
29c. LICENSE NUMBER: 16120
29d. DATE SIGNED (Month, Day, Year): JAN. 4, 1989
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Dr. Daniel D. Thomas M.D., 2293 N. Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): JAN 0 4 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homocide ☐ Pending Investigation ☐ Could not be Determined
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)

SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1