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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 DEC 13 AM 9:24
MICHAEL A. BROWN
RECORDER

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, LLOYD UNDERWOOD DAVIDSON, JR., being first duly sworn on my oath, state:

1. I am the adult son of SHARON ANNE DAVIDSON and know personally the facts set forth in this Affidavit.

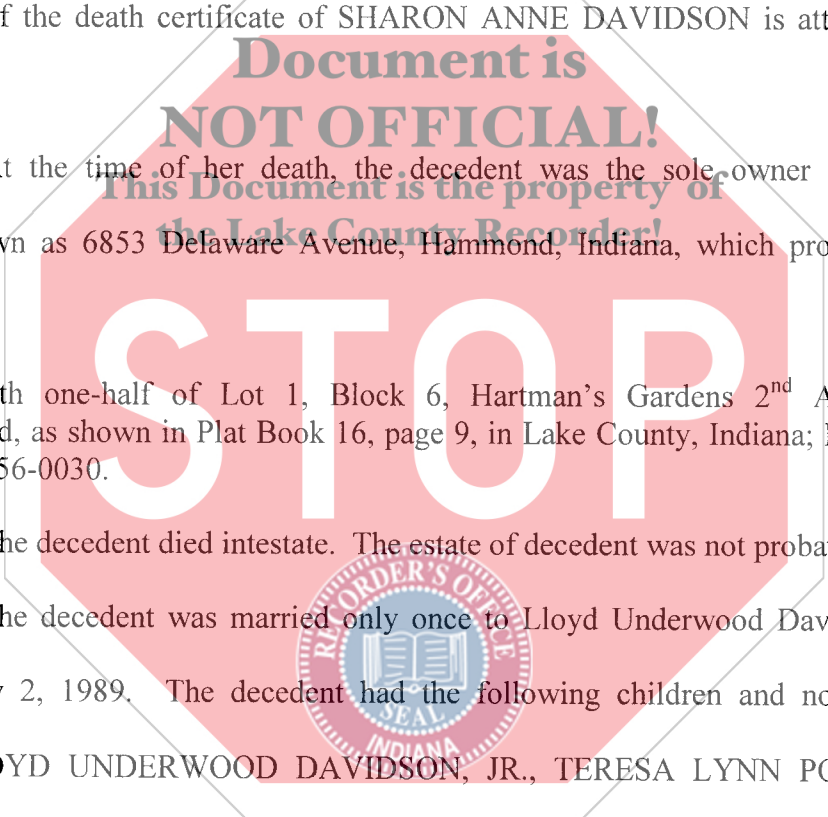
2. SHARON ANNE DAVIDSON died on March 20, 2007, at the age of 62. A certified copy of the death certificate of SHARON ANNE DAVIDSON is attached hereto as "Exhibit A".

3. At the time of her death, the decedent was the sole owner of the property commonly known as 6853 Delaware Avenue, Hammond, Indiana, which property is legally described as:

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; Key No. 26-34-0056-0030.

4. The decedent died intestate. The estate of decedent was not probated.

5. The decedent was married only once to Lloyd Underwood Davidson, Sr., who died on January 2, 1989. The decedent had the following children and no others of this marriage: LLOYD UNDERWOOD DAVIDSON, JR., TERESA LYNN POPAGAIN, and WESLEY FREDERICK DAVIDSON.



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LAKE COUNTY AUDITOR

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6. The value of the decedent's estate for state inheritance tax purposes did not exceed \$100,000.00, and for federal estate tax purposes did not exceed \$100,000.00. Accordingly, no state inheritance tax or federal estate tax is due to my knowledge.

7. No claims have been asserted against the estate of the decedent. All funeral expenses and expenses of last illness have been paid in full.

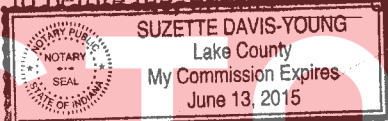
8. Pursuant to Indiana laws of intestate succession, upon the death of SHARON ANNE DAVIDSON, the following individuals became the owners of the above-described real estate:

LLOYD UNDERWOOD DAVIDSON, JR., as to an undivided one-third (1/3) interest; TERESA LYNN POPAGAIN, as to an undivided one-third (1/3) interest; and WESLEY FREDERICK DAVIDSON, as to an undivided one-third (1/3) interest.

9. Tax bills should be mailed to 6853 Delaware Avenue, Hammond, IN 46323.

Document is NOT OFFICIAL
This Document is not to be recorded by the Lake County Recorder!
Lloyd Underwood Davidson, Jr.
SUBSCRIBED and SWORN to before me, on this November day of November, 2007.

My Commission Expires:
Resident of Lake County



Suzette M. Davis-Young
Suzette M. Davis-Young, Notary Public

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 INSTRUMENT WAS PREPARED BY Thomas L. Kirsch, Attorney at Law, 131 Ridge Road, Munster, IN 46321; 219-836-1384



* 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

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

CERTIFICATE OF DEATH

Local No. 176

March 22, 2007 Date Issued R. R. ... Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED-NAME (SHARON ANNE DAVIDSON), SEX (Female), TIME OF DEATH (9:45 AM), DATE OF DEATH (March 20, 2007), SOCIAL SECURITY NUMBER (313-46-2908), AGE (62), DATE OF BIRTH (April 16, 1944), BIRTHPLACE (Chicago, Illinois), FACILITY NAME (6853 Delaware), CITY/TOWN (Hammond), COUNTY (Lake), MARITAL STATUS (widowed), SURVIVING SPOUSE (none), OCCUPATION (Housewife), BUSINESS/INDUSTRY (Own Home), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN (Hammond), STREET AND NUMBER (6853 Delaware), ZIP CODE (46323), CITIZEN OF WHAT COUNTRY (USA), RACE (White), EDUCATION (10), FATHER'S NAME (Floyd White), MOTHER'S NAME (Evelyn Andresen), INFORMANT'S NAME (Lloyd U. Davidson), MAILING ADDRESS (6853 Delaware, Hammond, Indiana 46323), RELATIONSHIP (Son), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (March 22, 2007, SOLAN-PRUZIN CREMATORY, Schererville, Indiana), EMBALMER'S NAME (none), LICENSE NUMBER (na), FUNERAL HOME (SOLAN-PRUZIN FUNERAL HOME), IMMEDIATE CAUSE (Vascular collapse, Due to arteriosclerotic heart and vascular disease), CERTIFIER (Deputy, Paul R. Castro), HEALTH OFFICER (R. R. ...), MANNER OF DEATH (Natural), DATE OF INJURY (March 20, 2007), DATE PRONOUNCED DEAD (March 20, 2007).