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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2012 058828

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG 29 PM 2:36

AFFIDAVIT OF SURVIVORSHIP

MICHAEL P. FAJMAN
RECORDER

GEORGE W. DONALDSON, a.k.a. GEORGE DONALDSON SR., a.k.a. GEORGE W. DONALDSON SR., first being duly sworn upon his oath deposes and says:

1. That DARRELL C. DONALSON, a.k.a. DARRELL CURTIS DONALDSON, the Decedent, died on the 12th day of August, 2007 attached certified copy of Decedent's Death Certificate. Reasonable care has been taken to redact the social security number from the document.
2. That affiant is the father of the Decedent.
3. That the Decedent and affiant owned the property listed below in joint tenancy:

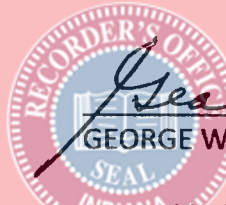
Key No.: 45-08-22-^b352-031.000-004

So. Broadway Addition L.23 Bl.2

Commonly known as: 3588 Connecticut, Gary, IN 46409

4. That all funeral expenses connected with the Decedent's death have been paid in full.
5. That all the assets of the Decedent which would be includable for Federal Estate Tax Purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.
6. That there is no surviving spouse or children of the Decedent.
7. That by virtue of the Decedent's death, affiant is vested with a fee simple interest in the above described property.

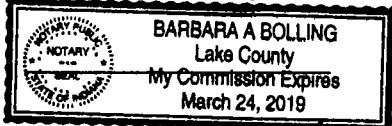
Further Affiant sayeth not.



George W. Donaldson
GEORGE W. DONALDSON, Affiant

Subscribed to and sworn before me a Notary Public for the above State and County, personally appeared GEORGE W. DONALDSON SR., this 28th day of August, 2012.

My Commission Expires:



FILED
Notary Public
AUG 29 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003543

#13
CK# 1059
CA

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.
 Local No. ... 2045-07

INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

State No

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

1. DECEASED-NAME (First, Middle, Last) Darrell Curtis Donaldson		2. SEX Male	3a. TIME OF DEATH 8:33 A M	3b. DATE OF DEATH (Month, Day, Year) August 12, 2007
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) 49	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) October 16, 1957
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. 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	
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Never Married	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Security Guard		12b. KIND OF BUSINESS/INDUSTRY Hospital
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 3588 Connecticut Street	
13e. ZIP CODE 46409	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 DECEDENT 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4		18. FATHER'S NAME (First, Middle, Last) George Donaldson Sr.		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor Davis				
20a. INFORMANT'S NAME (Type/Print) Daniel Donaldson		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 500 E. 13th Avenue Gary, Indiana 46407		20c. Relationship Grandfather
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) August 17, 2007 Evergreen Memorial Park		21c. LOCATION - City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME Sherman G. Banks III		22b. EMBALMER'S LICENSE NO. FD01016254	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 (w/ Licensee) FD01016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell Warner FH10500021 4209 Grant Street Gary, IN 46408	
26. PART I. Enter the disease, 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>VENTRICULAR ARRHYTHMIA DUE TO CARDIOMYOPATHY</u> 1-2 hours				
b. DUE TO (OR AS A CONSEQUENCE OF)				
c. DUE TO (OR AS A CONSEQUENCE OF)				
d. DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) no		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) no		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
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. 01060322B	29d. DATE SIGNED (Month, Day, Year) 8-20-07
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Asrar Sheikh 5265 Commerce Drive Suite D Crown Point IN 46307				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) August 23, 2007
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)
		34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		34e. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) AUG 23 2007		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc		