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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 059866

2017 SEP -5 PM 1:45

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 30th day of August, 2017, before me personally appeared Joan Davenport, who being duly sworn upon her oath states:

1. Affiant resides at the address given below the affiant's signature;

2. Affiant is the surviving joint owner of the real estate described below;

3. Said premises are described below as follows:

Part of the Northeast Quarter of the Northwest Quarter of Section 20, Township 36 North, Range 7 West of the 2nd P.M., described as follows: Beginning at a point on the North line of said Quarter Quarter Section 454.6 feet East of the Northwest corner of said Quarter Quarter Section; thence running East along the North line of said Quarter Quarter Section a distance of 75 feet; thence South a distance of 240 feet; thence West a distance of 75 feet thence North 240 feet to the point of beginning, in Lake County, Indiana.

Parcel No. 45-09-20-126-009.000-021

4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Deward W. Davenport and Joan Davenport, husband and wife;

5. Said Deward W. Davenport died on June 3, 2017, without a probate estate;

6. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;

7. Affiant's relationship to the deceased was spouse.

Affiant's Signature Joan Davenport
Name Printed Joan Davenport
Address 2431 Old Hobart Road
Gary, IN 46405

FILED

SEP 05 2017

JOHN E. METALAS
LAKE COUNTY AUDITOR

031528

AMOUNT $ 25 -
CASH ____ CHARGE ____
CHECK# 21870
OVERAGE ____
COPY ____
NON-CONF ____
DEPUTY RN

Subscribed and sworn to before me, a Notary Public, this 30th day of August, 2017.

Bonnie C. Coleman, Notary Public
A Resident of Porter County, Indiana

My Commission Expires:
September 19, 2024

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.

Bonnie C. Coleman

This instrument prepared by: Bonnie C. Coleman, Attorney at Law
119 W. Harrison Street
Rensselaer, IN 47978

333354.1/19,100

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

4976763

KENTUCKY CERTIFICATE OF DEATH

116 201721342

Case #: E201706090118

To Be Completed By: Funeral Director (Must Be Typed)

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any): DEWARD WAYNE DAVENPORT					1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE: N/A	2. SEX: MALE
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month): June 03, 2017	4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-LAST BIRTHDAY (Years): 84	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (MM/DD/YYYY): 03/12/1933	7. COUNTY OF DEATH: HENDERSON

8. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival OTHER: ☒ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Residence ☐ Other (Specify)

9. FACILITY NAME (If not institution, give street and number): LUCY SMITH KING CARE CENTER	10. CITY OR TOWN, STATE AND ZIP CODE: HENDERSON, KY 42420
11. BIRTHPLACE (City and State or Foreign Country): PRINCETON, KENTUCKY	12. MARITAL STATUS: ☒ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage): JOAN HOLLOWAY	
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired): DIESEL MECHANIC	15. KIND OF BUSINESS/INDUSTRY: STEEL MANUFACTURING
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	

17a. RESIDENCE - State	17b. COUNTY	17c. CITY OR TOWN	17d. STREET AND NUMBER	17e. ZIP CODE	17f. INSIDE CITY LIMITS?
INDIANA	LAKE	LAKE STATION	2431 OLD HOBART ROAD	46405	☐ Yes ☐ No UNK

18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)
☐ 8th Grade or Less
☐ 9th -12th Grade; No Diploma
☒ High School Graduate or GED Completed
☐ Some College Credit but No Degree
☐ Associate's Degree (e.g., AA, AS)
☐ Bachelor's Degree (e.g., BA, AB, BS)
☐ Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check "No" if not Spanish/Hispanic/Latino.)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.)
☒ White
☐ Black or African American
☐ Native Hawaiian
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Samoan
☐ Other Asian (Specify)
☐ Other Pacific Islander (Specify)
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Other (Specify)

21. FATHER'S NAME (First, Middle, Last): ORVILLE DAVENPORT	22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): MINNIE CARMACK	
23a. INFORMANT'S NAME: JOAN DAVENPORT	23b. RELATIONSHIP TO DECEDENT: SPOUSE	23c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2431 OLD HOBART ROAD, LAKE STATION, IN 46405
24. METHOD OF DISPOSITION (Check only one): ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): LANCE NICHOLS CEMETERY	26. LOCATION - City, Town, and State: PRINCETON, KY
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such): PAMELA D. MOYES (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118	DATE SIGNED (MM/DD/YYYY): 06/09/2017	28. KY LICENSE NUMBER (of licensee): 6318
		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: TOMBLINSON FUNERAL HOME HENDERSON CHAPEL, 326 FIRST STREET PO BOX 1898, HENDERSON, KY 42420

To Be Completed By: Medical Certifier

30. DATE PRONOUNCED DEAD (MM/DD/YYYY): 06/03/2017	31. ACTUAL OR PRESUMED TIME OF DEATH: 0200	32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No

CAUSE OF DEATH

33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ->	a. CEREBRAL INFARCTION	>1 WEEK(S)
Sequentially list conditions, if any, leading to the cause listed on line a	DUE TO (OR AS A CONSEQUENCE OF): b. PNEUMONITIS	>1 WEEK(S)
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

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

34. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Homicide ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined

35. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	38. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within past year
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No		

39. DATE OF INJURY (Month/Day/Year) (Spell Month)	40. TIME OF INJURY	41. INJURY AT WORK? ☐ Yes ☐ No	42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	43. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
44. DESCRIBE HOW INJURY OCCURRED			45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)	

46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated. SIGNATURE: GARAH E. WRIGHT MD (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118	47. DATE CERTIFIED (MM/DD/YYYY): 06/23/2017	
	48. LICENSE NUMBER: 37490	49. TITLE OF CERTIFIER: PHYSICIAN
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33): GARAH WRIGHT, DEACONESS CLINIC (HENDERSON), 340 STARLITE DRIVE, HENDERSON, KY 42420		
51. REGISTRAR'S SIGNATURE: Paul F. Royce	52. DATE FILED (MM/DD/YYYY): 06/23/2017	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 23rd day of June, 2017.

FORM VS NO. 1-A
(REVISED 06/2015)

Paul F. Royce
State Registrar