

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-045206

12:06 PM 2021 Jul 2

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Minnie P. Davis, being first duly sworn upon oath, deposes and says:

1. That Carlton Davis died on September 9 2011 at Gary, Indiana (City/State)
2. That Minnie Davis and Carlton Davis were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See attached

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not



Minnie Davis
Minnie P. Davis Affiant Signature

STATE OF IN)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Minnie P. Davis who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 25th day of July, 2021.

Resident of Lake County, Indiana. Signature _____
My Commission Expires: November 29, 2023 Printed Scott G.T. Sloan

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.

This instrument prepared by Andrew Ivory (Name)

FILED

JUL 02 2021

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

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pm*

NOT AN OFFICIAL DOCUMENT

Legal Description:

LOTS 1 AND 2 IN BLOCK 10 IN GARY HEIGHTS, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA COMMONLY KNOWN AS 3737 W. 11TH AVENUE GARY, INDIANA 46404



45-08-07-252-001.000.004

3737 W. 11th Avenue

Gary, IN 46404

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT



Local No 000407

EDR No 00000218814

State No 040328

1. Decedent's Legal Name (First, Middle, Last) CARLTON DAVIS		2. Maiden Name (if female)		3. Sex MALE	3. Time Of Death 05:00-AM	4. Date Of Death (Month/Day/Year) 09/08/2011	
5. Social Security Number	6a. Age - Yrs 73	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/28/1938	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9a. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City and State or Foreign Country) PITTSVIEW, AL	
11. Facility Name (If Not Institution, Give Street and Number) 3737 WEST 11TH AVENUE				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code		15. Surviving Spouse's Name MINNIE P DAVIS		15a. (If Valid) Give Maiden Last Name IVERY		15. Decedent's Usual Occupation MILLWRIGHT	
16c. Street And Number 3737 WEST 11TH AVENUE		16d. Apt. No.		16a. Zip Code 46404		16f. Inmate City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		17. Kind Of Business/Industry BETHLEHEM STEEL	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) CLARENCE DAVIS		23. Mother's Name (First, Middle, Last) LILLIE B DAVIS		23a. Mother's Maiden Last Name UPSHAW			
24. Informant's Name MINNIE P DAVIS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 3737 WEST 11TH AVENUE, GARY, IN 46404			
25a. Manner Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) OAK HILL CEMETERY		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404				27a. Funeral Home License Number FH83007704	
27b. Signature Of Indiana Funeral Service Licensee: CARMELITA V. PERRY, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD29700070		Cause Of Death (See Instructions And Examples)			
28. Part I: Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The 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 A Line. Add Additional Lines If Necessary.							Approximate Interval: Onset To Death ONE YEAR
Immediate Cause (Final Disease Or Condition Resulting In Death) A. LUNG CANCER							
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____							
C. _____							
Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Did Toxicology Tests Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death <input type="checkbox"/> Unusual Or Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: GEORGE E. SLOAN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GEORGE E. SLOAN, 2600 ROOSEVELT ROAD, VALPARAISO, IN 46383				44. License Number 01059110A		45. Date Certified 09/14/2011	
48. Signature Of Local Health Officer: RICARDO HOOD, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): SEP 20 2011			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

15-Line TUVJNER
45: 9/14/2011 12:09:09 AM
49: 15-SEP-11