

AFFIDAVIT FOR Survivorship

Tax: NO.45-05-31-405-012.000-004

Terry Ann Stewart-Davis, bring first duly sworn upon oath deposes and says:

1. That Affiant's spouse John Davis a.k.a John Earl Davis, died intestate on August 3, 2022 while in domicile in Lake County Indiana.
2. That they were duly and legally married on April 12, 2005, and living as Husband and Wife in the following described real-estate:

Lots 30 including the vacated North 20 feet of Hemlock Street adjoining the South line of said Lot 30, and also including the South 1/4 of the vacated alley adjoining the North Line of said Lot 30, in Block "A" in Johnson-Kennedy Estates Second Subdivision in the City of Gary as plat thereof, recorded in Plat Book 17 Page 15, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 5940 Hemlock Ave Gary, In 46403

3. That marital relationship which existed, they lived in the real estate together unbroken until the date of John Davis a.k.a John Earl Davis 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 be included for Federal Estate purposes including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax. (certificate of death with Social Security Number redacted made a part hereof and labeled Exhibit "A")

Further, your Affiant saith naught.

Terry Ann Stewart-Davis
Terry Ann Stewart-Davis

State of Indiana, County of Lake SS:

Before me, a Notary Public, in and for said County and State this 25th day of October 2022, personally appeared Terry Ann Stewart-Davis and acknowledged the execution of the above and foregoing Affidavit. In witness whereof. I have hereunto subscribed my name and affixed my official seal.

WITNESS my hand and notarial seal this 25th day of October, 2022.

FILED
NOV 22 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Lolita M. Davis

Lolita M. Davis
Notary Public
A Resident of Lake County



I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing Representations are true and correct to best of my knowledge and belief and no Social Security number in this document, unless required by law. TD

Mail Taxes to
Terry Ann Stewart -Davis
5940 Hemlock Ave
Gary, IN 46403

This Instrument Prepared By:
Law Office of Rinzer Williams & Associates LLC
3637 Grant Street Ste 3, Gary In 46408

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NOT AN OFFICIAL DOCUMENT

"EXHIBIT A"
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000531				EDR No 000011413364				State No 2022-050484							
1. Decedent's Legal Name (First, Middle, Last) John Earl Davis						1a. Maiden Name (If female)		2. Gender Male		3. Time of Death 05:20 PM		4. Date of Death (Month/Day/Year) 08/03/2022			
5. Social Security Number [REDACTED]		6a. Age - Yrs 71		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) 04/12/1951			
8. Birthplace (City and State or Foreign Country) Hearne, Texas															
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. 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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify) Friends home							
11. Facility Name (If not institution, Give Street and Number) 2573 Delaware Street															
12. City Or Town, State, and Zip Code Gary, Indiana 46407						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" 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						
15. Surviving Spouse's Name Terry Ann Davis						15a. Last Name Before First Marriage Stewart			16. Decedent's Usual Occupation Steel Mill Worker			17. Kind Of Business/Industry Steel Mill			
18. Residence - State IN				18a. County Lake		18b. City Or Town Gary				18d. Apt. No.		18e. Zip Code 46403		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 5940 Hemlock Avenue				19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) Willie Davis						23. Parent's Name (First, Middle, Last) Lula Davis			23a. Parent's Last Name Before First Marriage Godfrey						
24. Informant's Name Terry Ann Stewart-Davis				24a. Relationship To Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 5940 Hemlock Avenue, Gary, IN, 46403							
25. Place Of Disposition Oak Hill Cemetery												25c. Location - City, Town, And State Gary, IN			
25a. Method Of Disposition <input checked="" 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)				25c. Location - City, Town, And State							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Powell-Coleman Funeral Home 3200 West 15th Avenue, Gary, Indiana, 46404				27a. Funeral Home License Number: FH10800011							
27b. Signature Of Indiana Funeral Service Licensee: Merryl O. Blunt						27c. License Number (Of Licensee): FD21400025									
Cause of Death (See Instructions And Examples)												Approximate Interval: Onset To Death			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Add Additional Lines if Necessary.												Immediate			
Immediate Cause (Final Disease Or Condition Resulting In Death)												Intermediate			
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Line A. Add Additional Lines if Necessary.												Immediate			
Immediate Cause (Final Disease Or Condition Resulting In Death)												Intermediate			
Sequitentially 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												Immediate			
A. Toxic Effects Fentanyl and Cocaine												Immediate			
B. Fentanyl and Cocaine Intoxication												Intermediate			
C.												Immediate			
D.												Immediate			
Part II. Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I												29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
30. Were Autopsy Findings Available To Contribute The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant, But Pregnant 40 Days To 1 year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 41 Days Or More Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 41 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death				33. Manner Of Death: <input 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) 08/03/2022				35. Time Of Injury 04:04 PM				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, (Wooded Area))				37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State Indiana				38a. City Or Town Gary		38b. Street & Number 2573 Delaware Street				38c. Apt. No.		38d. Zip Code 46407			
39. Describe How Injury Occurred Overdose												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: Yvette Manfredy						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. License Number			44. Date Certified 09/10/2022			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Yvette Manfredy 2900 W 93rd Avenue, Crown Point, IN 46307															
46. Additional Funeral Service Provider:												47. "Attest":			
48. Signature of Local Health Officer: Suzanne M Walker						49. For Registrar Only - Date Filed (Month/Day/Year) 09/12/2022									

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Cause of Death-Line A Description - amended on SEP-13-2022; formerly Fentanyl and Cocaine Overdose, . Cause of Death-Line B Description - amended on SEP-13-2022; formerly Fentanyl Related Death;

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOW ON FRONT THAT APPEARS WHEN PHOTOCOPIED.