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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS: **2014 071063**
Tax I.D. No. **45-08-33-108-027.000-004**

2014 NOV 12 AM 9:48

MICHAEL J. SHOWN
RECORDER

Dorshell Stewart, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the daughter and has personal knowledge of the marital status of the Decedent.
2. That **Vera M. Stewart a/k/a Vera Maude Stewart** died on August 25, 2011, in Lake County, Indiana.
3. That the Decedent and **Archie Stewart** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:
LOT 14 AND THE WEST 15 FEET OF LOT 13 IN BLOCK 2 IN ROBERT R. CENEK 1ST ADDITION TO GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17 PAGE 27, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
4. 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 death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included 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 saith naught.

FILED

Dorshell Stewart
Dorshell Stewart

Subscribed and sworn to before me, a Notary Public, this 5 day of November, 2014.

NOV 10 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Elizabeth R. Kinzie
Notary Public
ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017

My Commission Expires:
County of Residence:

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

016309

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.

Elizabeth Kinzie
Signature of Preparer

Patrick J. McManama
Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO 146827

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000387

EDR No 00000216701

State No

1. Decedent's Legal Name (First, Middle, Last) VERA MAUDE STEWART				7a. Maiden Name (if female) BOWEN		2. Sex FEMALE		3. Time Of Death 02:55 PM		4. Date Of Death (Month/Day/Year) 08/25/2011	
5. Social Security Number		6a. Age - Yrs 65		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) 07/02/1946		8. Birthplace (City and State or Foreign Country) GARY, IN									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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)											
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL NORTHLAKE											
12. City Or Town, State, And Zip Code GARY, IN, 46402						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 ARCHIE STEWART				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation MINISTER OF PASTORAL CARE		17. Kind Of Business/Industry MINISTER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46408		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1206 WEST 47TH AVENUE											
19. Decedent's Education DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) WARREN BOWEN				23. Mother's Name (First, Middle, Last) BLANCHE BOWEN				23a. Mother's Maiden Last Name MAGEE			
24. Informant's Name ARCHIE STEWART				24a. Relationship To Decedent HUSBAND				24b. Mailing Address: (Street And Number, City, State, Zip Code) 1206 WEST 47TH AVENUE, GARY, IN 46408			
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) 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 SMITH BIZZELL WARNER FUNERAL HOME, 4209 GRANT ST, GARY, IN 46408						27a. Funeral Home License Number FH10500021			
27b. Signature Of Indiana Funeral Service Licensee: TAMIKA L ROMAYNE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21000065					
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC CANCER OF GALLBLADDER Due to (Or As A Consequence Of) _____ YEARS B. CANCER OF THE UTERUS Due to (Or As A Consequence Of) _____ YEARS C. HYPERTENSIVE HEART DISEASE Due to (Or As A Consequence Of) _____ YEARS D. PERITONEAL METASTASIS _____ MONTHS 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											
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If 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, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input 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											
41. Signature, Of Person Certifying Cause Of Death: ADOLPHUS A ANEKWE, 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: ADOLPHUS A ANEKWE, 3195 BROADWAY, GARY, IN 46409						44. License Number 01036654A		45. Date Certified 09/07/2011			
46. Additional Funeral Service Provider:											
48. Signature Of Local Health Officer: RICARDO HOOD, BY ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 07 2011					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											