

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 024449

2015 APR 23 AM 10:25

MICHAEL D. BROWN  
RECORDER

7  
Property Number:  
45-08-27-133-018.000-004

Tax Mailing Address:  
3828 VIRGINIA ST  
GARY IN 46409-1544

### SURVIVORSHIP & HEIRSHIP AFFIDAVIT

Comes now Antwauin M. Sangster, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. Antwauin M. Sangster is an adult currently residing at 3828 Virginia Street, Gary, Indiana 46409-1544, in Lake County, the State of Indiana, and has personal knowledge of the facts stated in this Survivorship & Heirship Affidavit as a surviving son of Mary Walton, deceased.

2. **Henry L. Walton and Mary Walton**, as husband and wife, held fee simple title to the following described real estate located in Lake County, State of Indiana, more particularly described as follows:

Lot 8 and the North half of Lot 9, in Block 11, in Second Highland Park Addition to Gary, as per plat thereof, recorded in Plat Book 8, page 23, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3828 Virginia Street  
Gary, Indiana 46409-1544

Property Number: 45-08-27-133-018.000-004

3. Henry L. Walton and Mary Walton obtained record title to said real estate by virtue of the Quitclaim Deed executed by James C. Walton, dated December 2, 1999, and recorded December 6, 1999, as Document number 99100567, in the Office of the Recorder of Lake County, Indiana. A true and correct copy of said Quitclaim Deed is attached to this affidavit as Exhibit "A" and made a part of this affidavit by reference.

(Survivorship & Heirship Affidavit – Page 1 of 3)

**FILED**

APR 23 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

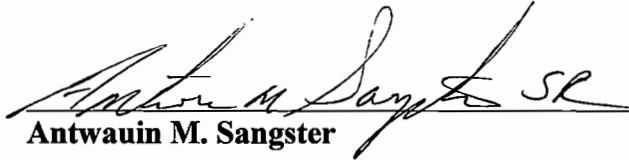
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23  
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4. Henry L. Walton and Mary Walton were husband and wife at the time they acquired title to said real estate and they were never divorced. A certified copy of the marriage certificate of Henry L. Walton and Mary Walton is attached to this affidavit as Exhibit "B" and made a part of this affidavit by reference.
5. Henry L. Walton, also known as Henry Lee Walton Sr., died on May 31, 2011. A certified copy of the Indiana Department of Health Certificate of Death of Henry L. Walton is attached to this affidavit as Exhibit "C" and made a part of this affidavit by reference.
6. Mary Walton, as the surviving spouse of Henry L. Walton, became the sole owner in fee simple of said real estate upon the death of Henry L. Walton.
7. Mary Walton died on August 15, 2013, a resident of Lake County, Indiana, a widow, having never been remarried. A certified copy of the Indiana Department of Health Certificate of Death of Mary Walton is attached to this affidavit as Exhibit "D" and made a part of this affidavit by reference.
8. No estate proceedings were opened as a result of the death of Mary Walton.
9. There were no Federal Estate or State Inheritance taxes due by reason of the death of Mary Walton.
10. The value of Mary Walton's probate estate did not exceed the sum of \$50,000.00.
11. All funeral expenses and the expenses of the last illness of Mary Walton have been paid.
12. Mary Walton died intestate, leaving no surviving spouse, and left six heirs at law surviving her, all of which are adult children, namely, the following:
  - Ann T. Robinson, adult daughter;
  - Kenneth L. Sangster, adult son;
  - Demetra C. Sangster, adult daughter;
  - Angelita Mayes, adult daughter;
  - James C. Walton, Sr., adult son; and
  - Antwauin M. Sangster, adult son.
13. The above named heirs at law succeeded to the interest of Mary Walton pursuant to Indiana Code Section 29-1-2-1(d)(1) and are the fee simple owners in equal shares of said real estate.

Further Affiant saith not.

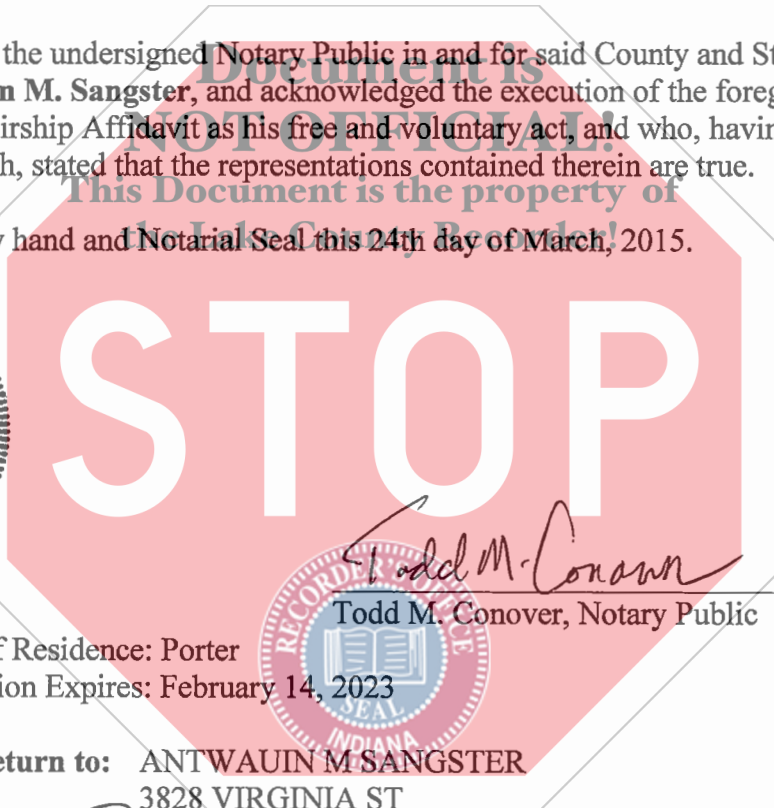
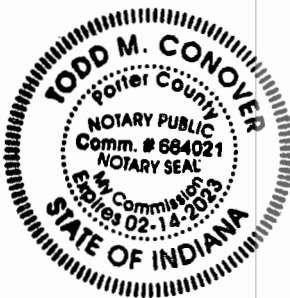
IN WITNESS WHEREOF, **Antwauin M. Sangster** has executed this Survivorship & Heirship Affidavit on this 24th day of March, 2015.

  
\_\_\_\_\_  
**Antwauin M. Sangster**

State of Indiana     )  
                                  ) SS:  
County of Lake        )

Before me, the undersigned Notary Public in and for said County and State, personally appeared **Antwauin M. Sangster**, and acknowledged the execution of the foregoing Survivorship & Heirship Affidavit as his free and voluntary act, and who, having been duly sworn upon his oath, stated that the representations contained therein are true.

Witness my hand and Notarial Seal this 24th day of March, 2015.



  
\_\_\_\_\_  
Todd M. Conover, Notary Public

Notary's County of Residence: Porter  
Notary's Commission Expires: February 14, 2023

**After recording return to:** ANTWAUIN M SANGSTER  
3828 VIRGINIA ST  
GARY IN 46409-1544

Mailing Address of Affiant: 3828 VIRGINIA ST  
GARY IN 46409-1544

The foregoing instrument was prepared by Chris Fox, Attorney at Law, Indiana Bar License #19091-64; 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520/Fax: 219/791-9366). No title insurance commitment was referenced.

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. Chris Fox

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99100567

99 DEC -6 AM 9:21

MORRIS W. CARTER  
RECORDER

Form R298

### QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 2nd day of December, 1999

by first party, James C. Walton  
whose post office address is

to second party, Henry L. Walton & Mary Walton  
whose post office address is  
3828 Virginia Street, Gary, Indiana 46409

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ 10.00 ) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of IN

to wit:

Lot 8 the North half of Lot 9, Block 11, Second Highland Park Addition to Gary, as shown in Plat Book 8, page 23, in Lake County Indiana.

Tax Key 45-48-9 Unit No. 25



RECEIVED  
ACCEPTANCE FOR TRANSFER  
DEC 06 1999

PETER BENJAMIN  
COUNTY CLERK

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

[Signature]  
Witness

James C. Walton  
First Party (James C. Walton)

Witness

Henry L. Walton  
Second Party (Henry L. Walton)

State of Indiana  
County of LAKE



Mary Walton  
(Mary Walton)

On 12-3-99 before me, a Notary Public, appeared James C. Walton, Henry L. Walton & Mary Walton personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Joyce F. [Signature]

Affiant Known  Produced ID  
Type of ID Driver's license

Exhibit  
A



STATE OF TENNESSEE, LAUDERDALE COUNTY

Document is NOT OFFICIAL! This Document is the Property of the Lauderdale County Recorder!

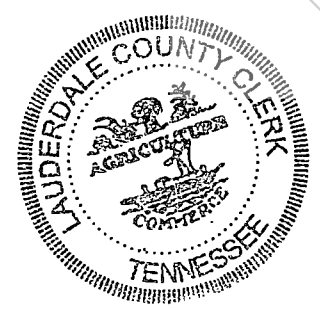
Know all Men by these Presents, That we, Henry Lee Walton of the County of Lauderdale and State of Tennessee, are held and firmly bound to the State of Tennessee in the sum of Twelve Hundred and Fifty Dollars. to which payment, well and truly to be made, we bind ourselves, our heirs, executors, and administrators, and each and every one of us, jointly and severally, by these presents.

Witness our hands and seals this 5 day of Sept 1973  
Age of Male 36 Henry F. Walton (Seal.)  
Age of Female 32 (Seal.)

The Condition of the Above Obligation is such, That whereas, the above bounden Henry Lee Walton has this day prayed and obtained a license to marry Mary Sangster; Now, if there is no lawful cause to obstruct said marriage, and for which a license is desired, then this obligation to be void; otherwise to remain in full force and virtue in law.

Attest: Vernon McBudig Clerk.  
By \_\_\_\_\_, D. C.

Date of Marriage 9-5 19 73 By whom Married Henry Lee Walton When returned 9-5 19 73



I, Linda Summar, County Clerk of Lauderdale County, hereby certify the foregoing to be a true copy as is recorded in Book 14 Page 438 This 17 day of March 2015  
Linda Summar  
County Clerk

Exhibit B



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000626

EDR No 000000203007

State No 025434

Form with fields for decedent information (HENRY LEE WALTON SR), birthplace (TERRELL COUNTY, GA), facility name (VALPARAISO CARE AND REHABILITATION CENTER), cause of death (SEPTIC SHOCK, RECURRENT URINARY TRACT INFECTIONS, GRADE 2/4 WOUNDS, LEFT LEG ISCHEMIC WOUNDS), and certifier information (DOUGLAS MAZUREK).

Exhibit C





Local No 000410

EDR No 00000338693

State No

1. Decedent's Legal Name: (First, Middle, Last) MARY WALTON				1a. Maiden Name (If female) SANGSTER		2. Sex FEMALE	3. Time Of Death 12:35 AM	4. Date Of Death (Month/Day/Year) 08/15/2013		
5. Social Security Number [REDACTED]		8a. Age - Yrs 72	8b. Under 1 Year Months	8c. Under 1 Month Days	8d. Under 1 Day Hours	8e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 03/31/1941		8. Birthplace, (City and State or Foreign Country) RIPLEY, 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 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 checked="" 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) 3828 VIRGINIA STREET						12. City Or Town, State, And Zip Code GARY, IN, 46409		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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation: BURNER		17. Kind Of Business/Industry US STEEL MILL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 3828 VIRGINIA STREET	18d. Apt. No.	18e. Zip Code 46409	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American						
22. Father's Name (First, Middle, Last) JAMES ROBINSON			23. Mother's Name (First, Middle, Last) LELIA QUALS			23a. Mother's Maiden Last Name SANGSTER				
24. Informant's Name ANN T ROBINSON			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2505 HACKBERRY CREEK LANE, MESQUITE, TX 75181					
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) EVERGREEN MEMORIAL PARK			25c. Location - City, Town, And State HOBART, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input 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: TEALA LENORA KING, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD21000045				
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. CORONARY ARTERY DISEASE			Due to (Or As A Consequence Of):			Approximate Interval: Onset To Death	
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. HYPERTENSIVE CARDIOVASCULAR DISEASE			Due to (Or As A Consequence Of):				
			C. DIABETES			Due to (Or As A Consequence Of):				
			D. HYPERCHOLESTEROLEMIA			Due to (Or As A Consequence Of):				
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I PERIPHERAL VASCULAR DISEASE						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 type="checkbox"/> No <input checked="" 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						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: VIJAY B DAVE, 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: VIJAY B DAVE, 200 EAST 86TH PLACE, MERRILLVILLE, IN 46410						44. License Number 01026051A	45. Date Certified: 09/03/2013			
46. Additional Funeral Service Provider:						47. Akas				
48. Signature Of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 04 2013				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Exhibit  
D

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT.