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STATE OF INDIANA)
COUNTY OF LAKE

)SS: 2019 035194

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 12 AM 9:30

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Pamela S. Stewart, being duly sworn upon her oath and states as follows:

1. That she is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, Timothy T. Stewart a/k/a Timothy Thomas Stewart was the owner in fee simple of the following described real estate located at 3457 Burr Street, Gary, Indiana 46406 and more particularly described as follows:

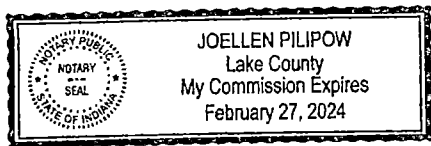
The North 5 rods of the South 100 rods of the West 1/2 of the West 1/2 of the Southeast 1/4 of Section 24, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana.

Commonly known as 3457 Burr Street, Gary, Indiana 46406
Parcel No.: 45-07-24-401-012.000-003

3. That Timothy T. Stewart a/k/a Timothy Thomas Stewart and Pamela S. Stewart were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the relationship which existed between Timothy T. Stewart and Pamela S. Stewart continued unbroken from the time they acquired title to said real estate until the death of Timothy T. Stewart on March 22, 2019, per attached Certificate of Death.
5. That the gross value of the estate of Timothy T. Stewart was determined for purpose of Federal Estate Taxes was less than the value required for filing and his estate was not subject to Federal Estate Tax.
6. That the estate of Timothy T. Stewart was not subject to Indiana Inheritance Taxes.

Pamela S. Stewart
Pamela S. Stewart

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Pamela S. Stewart and acknowledged the execution of the foregoing document. Witness my hand and seal this 28 day of May, 2019



Joellen Pilipow
Joellen Pilipow, Notary Public

Mail tax notices to: Pamela S. Stewart, 3457 Burr Street, Gary, Indiana 46406

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.

Joellen Pilipow
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This instrument prepared by: Robert L. Taylor, 1787-45, 200 W. Glen Park Avenue, Griffith, IN 46319

FILED

JUN 11 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25174

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R M E



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 800110

EDR No 00000700757

State No 014280

1. Decedent's Legal Name (First, Middle, Last) TIMOTHY THOMAS STEWART				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:30 PM		4. Date Of Death (Month/Day/Year) 03/22/2019	
5. Social Security Number		6a. Age - Yrs 63		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) 09/02/1955		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 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 PAMELA STEWART				15a. Last Name Before First Marriage BYROM				16. Decedent's Usual Occupation BLAST FURNACE		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY		18c. Street And Number 3457 BURR STREET	
18d. Apt. No.		18e. Zip Code 46408		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 White			
22. Parent's Name (First, Middle, Last) HUGH STEWART				23. Parent's Name (First, Middle, Last) FRANCIS STEWART				23a. Parent's Last Name Before First Marriage PHIPPS			
24. Informant's Name PAMELA STEWART				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 3457 BURR STREET, GARY, IN 46408			
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HILLSIDE CREMATORY				25c. Location - City, Town, And State HIGHLAND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH11700003			
27b. Signature Of Indiana Funeral Service Licensee: CORNELIUS A. KUIPER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01014511					
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	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIO-RESPIRATORY FAILURE										30 MIN	
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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE										10 YEARS	
C. _____											
D. _____											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I CORONARY ARTERY DISEASE AND CONGESTIVE HEART FAILURE						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 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 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: BHARAT V BHAVSAR, 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: BHARAT V BHAVSAR, 8731 INDIANAPOLIS BLVD, HIGHLAND, IN 46322-1551						44. License Number 01045402A		45. Date Certified 03/25/2019			
48. Signature of Local Health Officer: REUBEN C. RUTLAND, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 26 2019					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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. 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 VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.