STATE OF INDIANA

COUNTY OF LAKE

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUN 12 AM 9:30

MICHAEL B. SROWN 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:

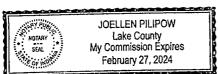
The North 5 rods of the South 100 rods of the West ½ of the West ½ of the Southeast 1/4 of Section 24, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana.

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

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 <u>28</u> day of May, 2019



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 car to redact each Social Security number in this document, unless required by law.

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

JUN 1 1 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR 25174

25 -3517

QME

		CERTIFIC	CATE OF DEATH	1				
Local No 80011	0		000700757		State No	0142 Of Death	280	Of Death (Month/Day
. Decedent's Legal Name (First, Middle, Last)		1a. Maiden N	lame (If female)	2. Sex	'		- Date	
IMOTHY THOMAS STEWART Social Security Number 6a. Age - Yrs 6b. U	nder 1 Year 6c. Under 1	1 Month 6d. Under 1 Day	y 6e, Under 1 Hour 7. D	MAL Date of Birth (Month		30 PM Birthplace (Ci	ty and State	or Foreign Country)
: 63 Month	ns Days	Hours	Minutes	09/02/195		AST CHI	CAGO,	IN
Ever in U.S. Armed Forces? 10. If Death Occur				cmewhere Other Ti Decsdant's Home	han A Hospital Nursing	lome/Long-ter	rm Care Fac	ility
	Emergency Department Ou	npatient Dead on Am	ival Other (Specify)	:			1550 1150	
 Facility Name (If Not Institution, Give Street and N IETHODIST HOSPITAL NORTHLA 			13. County Of Dea	uth		14. Marital SI	tatus At Time	e Of Death
2, City Or Town, State, And Zip Code			1 1			⊠ Married [☐ Married	But Separated D
SARY, IN, 46402 5. Surviving Spouse's Name		15a. Last Name Befor	re First Marriage	16. Desedan	nt's Usual Occupa			d Of Business/Industry
1		BYROM		BLAST F	URNACE	1100	STEE	L
PAMELA STEWART 8. Residence - State	18a. County	,	18b. City Or Town		, '	ı		
NDIANA	LAKE		GARY		18d. Apt. No.	18e. Zi	p Code	18f. Inside City I
ISc. Street And Number					.54. 110. 110.			⊠ Yes 🗆 1
3457 BURR STREET	20. Decedent C	Of Hispanic Origin	21. Decede	ent's Race		48	64 <u>08</u>	11 .
OTH - 12TH GRADE; NO DIPLOMA	NOT HISP	PANIC	White		<u> </u>			
22. Parent's Name (First, Middle, Last)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23. Parent's Name (First, I	Middle, Last)	II _i	23a.	Parent's La:	st Name Before First N
IUGH STEWART			FRANCIS STEW	ART	ity State Zin Co		IPPS	1,
24. Informant's Name		ionship To Decedent	3457 BURR STR			,		1.1
PAMELA STEWART	SPOUS	25	Place Of Disposition					1,
25a, Method Of Disposition Burial Cremation Donation Entombm		sition (Name Of Cemetery	y, Crematory, Other Place) 25	oc, Location - City,	I Jown, And State			
Removal From State Other (Specify):	HILLSIDE CR	EMATORY	Н	IIGHLAND, I	N III			
28 Was Coroner Contacted? 27: Name	And Complete Address Of	Funeral Facility			200 (1 27 a F	uneral Home License
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