

DULY ENTERED FOR TAXATION  
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Apr 14 2021 cR

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2312611-1753-0

### AFFIDAVIT OF SURVIVORSHIP

Property Address: 747 Newton Street, Gary, IN 46402  
Property County: Lake

Janet Barker Levin, of adult age, being first duly sworn, upon deposes and says:

That **Lida J. Barker**, was the Wife of Robert C. Barker, deceased, who died on October 18, 2010 a resident of Lake County, Indiana.

That Lida J. Barker and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

#### SEE ATTACHED LEGAL DESCRIPTION

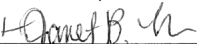
and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Donald J. Kapp and Adeline L. Karp recorded August 27, 1960 as Document No. 70061 in the Office of the Office of the Recorder of Lake County, Indiana.

That Lida J. Barker and said decedent were legally married to one another at this time, and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of Lake County to change the tax records, and, if necessary to show the title to the above described real estate in the name of Lida J. Barker, surviving spouse of the decedent.

Further, Affiant sayeth not.

  
\_\_\_\_\_  
Janet Barker Levin

MTC File No.: 21-10216 (AOS)

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Janet Barker Levin who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 9 day of April 2025

My Commission Expires: 9-13-25

Commission No. 705235

Notary Public County and State of Residence Lake, IN

Signature of Notary Public Paula Barrick

Printed Name of Notary Public Paula Barrick



This instrument was prepared by: Andrew R. Drake, Attorney-at-Law 11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address: 747 Newton Street Gary, IN 46402

Grantee's Address and Mail Tax Statements To:

125 Picardy Lane Whiting, IL 60090

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. Andrew R. Drake

County of Lake County Recorder

**LEGAL DESCRIPTION**

**Parcel I:**

Lot 85 in Robert Bartlett's Marquette Park Estates, as per plat thereof, recorded an Plat Book 27 page 29, in the Office of the Recorder of Lake County, Indiana, except that part described as beginning at the Southeast corner of said lot; thence North along the East line thereof, distance of 25 feet; thence West and parallel to the South line of said lot, to the East line of Newton Street; thence South by East along the East line of Newton Street to the Southwest corner of said lot; thence East along the south line of said lot to the point of beginning.

**Parcel II:**

That part of Lot 85 in Robert Bartlett's Marquette Park Estates, as per plat thereof, recorded in Plat Book 27 page 29, in the Office of the recorder of Lake County, Indiana, described as follows: commencing at the Southwest corner of said lot; thence Northwesterly along the Westerly line of said lot a distance of 26.6 feet to a point on the North line of the South 25 feet of lot 85; thence East along the North line of the South 25 feet of said lot a distance of 105.77 feet; thence Southwesterly 100 feet to the point of beginning.

Tax ID Number(s):

State ID Number Only                    45-05-32-278-009.000-004

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY INDIANA, 021-0415, I

*Feb 3 vet*



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

10 0522

1. Decedent's Legal Name (First, Middle, Last) <b>ROBERT C. BARKER</b>				2. Sex <b>M</b>		3. Time of Death <b>5:00AM</b>		4. Date of Death (Month/Day/Year) <b>OCTOBER 18 2010</b>			
5. Social Security Number [REDACTED]		6a. Age, Yrs <b>82</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Year Months	7. Date of Birth (Month/Day/Year) <b>December 2, 1927</b>		8. Birthplace (City and State or Foreign Country) <b>HOWARD COUNTY INDIANA</b>		
9. City or 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 type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Other				10b. Type Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name of Health Institution, Care Street and Number <b>747 N. NEWTON STREET</b>											
12. City or Town, Birth, and Zip Code <b>GARY, INDIANA</b>					13. County of Death <b>LAKE</b>			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 <b>LIDA BARKER</b>				15a. (If Wife) Give Maiden Last Name <b>MCCAW</b>			16. Decedent's Usual Occupation <b>TEACHER</b>			17. Kind of Education <b>EDUCATION</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City or Town <b>GARY</b>			18c. 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		18d. Zip Code <b>46403</b>	18e. Birth City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street and Number <b>747 N. NEWTON STREET</b>		18d. Apt. No.		18e. Zip Code <b>46403</b>		18f. Birth City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>Master's degree (e.g. MA, MS, MEng, MEd, MSW)</b>					20. Decedent of Hispanic Origin <b>No, Not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>GLEN T BARKER</b>					23. Mother's Name (First, Middle, Last) <b>RYRONA B. BARKER</b>					23a. Mother's MARRIAGE LAST NAME <b>RIFFE</b>	
24a. MARRIAGE LAST NAME <b>LIDA BARKER</b>			24b. Relationship to Decedent <b>WIFE</b>			24c. MARRIAGE ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) <b>747 N. NEWTON STREET GARY, IN 46403</b>					
25a. Method of Disposition <input 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 Crematory, Cemetery, Other Place) <b>FOREST CREMATORY</b>		25c. Place of Disposition <b>ROMEVILLE, IL</b>		25d. Location - City, Town, And State <b>ROMEVILLE, IL</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404</b>					27a. Funeral Home License Number <b>FH10800611</b>				
28a. Signature of Indiana Funeral Service Licensor: <i>Bonnie E. Duggles</i>						28b. License Number (Or License) <b>FD09200084</b>					
<b>Cause of Death (See Instructions And Examples)</b>											
28. Part I. Enter The Chain Of Events—Disease, Injuries, Or Complications—That Directly Caused The Death. Do Not Exclude Immediate 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. <i>Melanoma</i>											
B. <i></i>											
C. <i></i>											
D. <i></i>											
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting in the Underlying Cause Given in Part I											
30. Was Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Was Autopsy Performed Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 Date of Death <input type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death			33. Manner of Death: <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Sudden <input type="checkbox"/> Questionable (Specify)					
34. Date of Injury (Month/Day/Year)			35. Year of Injury			36. Place of Injury (If U.S. Decedent's Home, Country/State/Zip, Residential, Workplace, Other)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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"/> Being Operated <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
41. Signature of Person Certifying Cause of Death: <i>[Signature]</i>											
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: <b>8121 MERE ROAD, MERE, IND. 46410</b>							44. License Number <b>01065693A</b>		45. Date Certified <b>10/27/10</b>		
46. Authorized Funeral Service Provider <b>CREMATORY SOCIETY OF ILLINOIS, INC</b>							47. "Attn:"				
48. Signature of Local Health Officer: <i>[Signature]</i>					49. For Registrar Only - Date Filed (Month/Day/Year) <b>OCT 28 2010</b>						