

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-006688

8:31 AM 2022 Feb 23

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

) ss:

COUNTY OF LAKE

On this 15th day of FEBRUARY, 2022, before me personally appeared JAMES R. STEWART, who being duly sworn on his oath states the following:

- 1. That the Affiant is the owner of the real estate located in LAKE County, State of Indiana, more particularly describes as:

LOT 1, EXCEPT THE NORTH 48.00 FEET THEREOF, IN MEYERS ADDITION, A PLANNED UNIT DEVELOPMENT, IN THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 86, PAGE 93, AND AS AMENDED BY PLAT RECORDED IN PLAT BOK 89, PAGE 37, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No. 45-11-21-301-009.000-035

COMMONLY KNOWN AS: 8224 Meadow Lane, St. John, IN 46373

- 2. That said premises were formerly owned as Tenants by the Entireties between JAMES R. STEWART and LINDA S. STEWART, Husband and Wife.
- 3. That said LINDA S. STEWART died on the 4th Day of February, 2021, a resident of LAKE County, Indiana
- 4. That on the date of the death of said LINDA S. STEWART, the surviving party was JAMES R. STEWART.

FURTHER AFFIANT SAITH NAUGHT

James R Stewart
JAMES R. STEWART

FILED

FEB 22 2022

JOHN B. ZEDAS AS
LAKE COUNTY AUDITOR

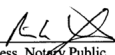
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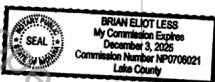
NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA COUNTY OF LAKE SS:

Before me, the undersigned, a notary Public in and for said County and State, this 15th Day of February, 2022 personally appeared: JAMES R. STEWART, Affiant(s), who acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: December 3, 2025
Resident of Lake County

Signature 
Brian E. Less, Notary Public
Commission NPO706021



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.



This instrument prepared by Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave, St. John, IN 46373, Attorney at Law Attorney No. 21973-49

MAIL TO: Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave., St. John, IN 46373



Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000111		EDR No 000011060963		State No 2021-005359					
1. Decedent's Legal Name (First, Middle, Last) Linda Susan Stewart		1a. Maiden Name (if female) Gore		2. Gender Female	3. Time Of Death 07:27 AM	4. Date Of Death (Month/Day/Year) 02/04/2021			
5. Social Security Number [REDACTED]		6a. Under 1 Year 06 Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	6d. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) [REDACTED]	8. Birthplace (City and State or Foreign Country) Chicago, Illinois		
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		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"/> Dead on Arrival <input type="checkbox"/> Other (Specify)		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			
11. Facility Name (If Not Institution, Give Street and Number) 8224 Meadow Lane						13. County Of Death Lake			
12. City Or Town, State, And Zip Code St. John, Indiana, 46373			15. Burial Spouse's Name James Stewart		16. Last Name Before First Marriage Stewart	16. Decedent's Usual Occupation Hair Dresser	17. Kind Of Business/Industry Service		
18. Residence - State IN		18a. County Lake		18b. City Or Town St. John		18c. Apt. No.	18d. Zip Code 46373	18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Marge Gore		23a. Parent's Last Name Before First Marriage Berry	
24. Informant's Name James Stewart		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 8224 Meadow Lane, St. John, IN, 46373					
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 Funeral Home & Cremation Center		25c. Location - City, Town, And State Highland, IN					
26. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 6941 Kleinman Road, Highland, Indiana, 46322		27a. License Number (Of Licensor) FD01014511		27b. Funeral Home License Number FH11700003					
27c. Signature Of Indiana Funeral Service Licensee: Christina M. Kasper		27d. Electronically Signed Cause Of Death (See Instructions And Examples) Approximate Interval: Onset To Death 12 YEARS 12 YEARS				27e. License Number (Of Licensor): FD01014511			
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. [REDACTED] 12 YEARS B. [REDACTED] 12 YEARS C. [REDACTED] D. [REDACTED]		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 checked="" 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 type="checkbox"/> Not Pregnant While For Year <input type="checkbox"/> Pregnant While For Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Pregnant At Time Of Death		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. If Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. Location Of Injury - State		36a. City Or Town		36b. Street Number		36c. Apt. No.		36d. Zip Code	
37. Describe How Injury Occurred		38. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		39. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: Lyle R Munn		42. Electronically Signed LAKE COUNTY HEALTH OFFICER		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Lyle R Munn 800 Superior Avenue, Munster, IN 46321		44. License Number 01031822		45. Date Certified 02/05/2021	
46. Additional Funeral Provider:		46. Signature of Local Health Officer: Chandana Veritida		46. Electronically Signed		46. For Registrar Only - Date Filed (Month/Day/Year) 02/08/2021			

FEB 09 2021

NOT VALID UNLESS