

# NOT AN OFFICIAL DOCUMENT

3

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA    )  
                               ) SS:  
 COUNTY OF LAKE     )

JOHNNY B. SPEARS, being first duly sworn upon oath, deposes and says:

1. That GLENDA SPEARS aka GLENDOLYN SPEARS died on September 23 2021 a resident of Lake County, Indiana.
2. That JOHNNY B. SPEARS is the surviving spouse of GLENDA SPEARS aka GLENDOLYN SPEARS.
3. That the relationship which existed between them at the time they acquired title to the real estate at 1149 Gerry Street Gary, Indiana Legal Description: Lots 39 and 40 in Block 2 in W.G. Wright's 2<sup>nd</sup> Addition to Gary, as per plat thereof , recorded in Plat Book 10 Page 31, in the Office of the Recorder of Lake County, Indiana. remained in effect and unbroken until the date of her death. Parcel Number 45-07-12-177-005.000-004.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life was not sufficient to necessitate payment of Federal Estate Taxes.

GINA PIMENTEL  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDED AS PRESENTED

**2024-005534**

12:47 PM 2024 Feb 7

**FILED**

FEB 07 2024

PEGGY HOLINGA KATONA  
 LAKE COUNTY AUDITOR

25 -  
 1098  
 (RT)





# NOT AN ORIGINAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

3665023

Local No 000550

EDR No 00001174654

State No 2021-054286

1. Decedent's Legal Name (First, Middle, Last) <b>Glendolyn Spears</b>				1a. Maiden Name (if female) <b>Bennett</b>		2. Gender <b>Female</b>	3. Time of Death <b>09:05 AM</b>	14. Date of Death (Month/Day/Year) <b>09/23/2021</b>	
5a. Social Security Number <b>[REDACTED]</b>	5b. Age - Yrs <b>73</b>	5c. Under 1 Year Months: _____ Days: _____	5d. Under 1 Month Hours: _____ Minutes: _____	5e. Under 1 Hour Hours: _____ Minutes: _____	7. Date of Birth (Month/Day/Year) <b>09/27/1947</b>		8. Birthplace (City and State or Foreign Country) <b>Fayetteville, Tennessee</b>		
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) <b>1149 Gerry Street</b>									
12. City or Town, State, and Zip Code <b>Gary, Indiana 46406</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>Johnny B. Spears Sr.</b>			15a. Last Name Before First Marriage <b>Spears</b>		16. Decedent's Usual Occupation <b>Teacher</b>		17. Kind Of Business/Industry <b>Gary Community School C</b>		
18a. Residence - State <b>IN</b>		18b. County <b>Lake</b>		18c. City Or Town <b>Gary</b>		18d. Apt. No.	18e. Zip Code <b>46406</b>	18f. Trade City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>1149 Gerry Street</b>		18d. Apt. No.	18e. Zip Code <b>46406</b>	18f. Trade City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education <b>Master's Degree (e.g. MA, MS, MEng, MS)</b>			20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>Black or African American</b>			
22. Parent's Name (First, Middle, Last) <b>Harry Leroy Bennett Jr.</b>			23. Parent's Name (First, Middle, Last) <b>Mary Frances Bennett</b>			23a. Parent's Last Name Before First Marriage <b>Crenshaw</b>			
24. Informant's Name <b>Johnny B. Spears Sr.</b>			24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1149 Gerry Street, Gary, IN, 46406</b>				
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) <b>Evergreen Memorial Park Cemetery</b>		25c. Location - City, Town, And State <b>Hobart, IN</b>		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>Smith Bizzell Warner Funeral Home 4209 Grant Street, Gary, Indiana, 46408</b>				27a. Funeral Home License Number: <b>FH10500021</b>				
27c. Signature of Indiana Funeral Service Licensor: <b>Sylvester Dunn</b>	Electronically Signed Cause of Death (See Instructions And Examples)				27c. License Number (Of Licensor): <b>FD08200053</b>				
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)									
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									
A. <b>malignant liver neoplasm</b>									
B. <b>malignant neoplasm of intracranial duct</b>									
C. <b>acute kidney injury</b>									
D. <b>pedal edema</b>									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in the Underlying Cause Given in Part I									
29. hypobalbuminemia	29. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
30. tobacco use contribute to death?	30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No								
31. 32. 33. 34. 35. 36. 37. 38. 39.	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								
40. 41. 42. 43. 44. 45. 46. 47. 48. 49.	44. License Number <b>01074624A</b>								
45. 46. 47. 48. 49.	45. Date Certified <b>09/29/2021</b>								
49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60.	49. For Registrar Only - Date Filed (Month/Day/Year): <b>09/30/2021</b>								

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)