

JUN 20 2024

GINA PIMENTEL  
RECORDER

2024-016441

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

8:34 AM 2024 Jun 21

STATE OF INDIANA )  
  ) SS:  
COUNTY OF LAKE )

Property Number: 45-08-27-133-006.000-004

**SURVIVORSHIP AFFIDAVIT**

Affiant, Barbara Stallworth, hereby deposes and says as follows:

- 1. Barbara Stallworth is the surviving wife of Samuel M. Stallworth, deceased.
- 2. Samuel M. Stallworth died intestate on February 21, 2010; a copy of his Death

Certificate is attached as Exhibit "A."

- 3. Samuel M. Stallworth, deceased, resided at 7733 Hemlock Avenue, Gary, Indiana

46403 until his death on February 21, 2010.

- 4. Samuel M. Stallworth and Barbara Stallworth were never divorced.
- 5. Samuel M. Stallworth and Barbara Stallworth were owners of certain real estate,

legally described as follows:

Lot 37 and the North 1/2 of Lot 36 in Block 11 in Second Highland Park Addition to Gary, as per plat thereof, recorded in Plat Book 8 page 23, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3839 Maryland Street, Gary, Indiana 46409

- 6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance

tax liability by reason of the death of Samuel M. Stallworth.

- 7. This Affidavit is made to induce the Auditor of Lake County to change the tax

records so as to show that Barbara Stallworth became the sole owner of the aforementioned real estate as a result of the death of Samuel M. Stallworth.

I affirm, under the penalties for perjury, that the above and foregoing representations are true, to the best of my knowledge, information, and belief.

*Barbara Stallworth*  
\_\_\_\_\_  
Barbara Stallworth

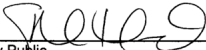
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# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

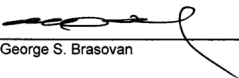
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 28 day of May, 2024, personally appeared Barbara Stallworth, and I acknowledged the execution of the foregoing document.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

  
\_\_\_\_\_  
Notary Public



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.

  
\_\_\_\_\_  
George S. Brasovan

Prepared by:  
George S. Brasovan, Attorney at Law  
Law Office of George S. Brasovan, P.C.  
2256 W. 93rd Avenue  
Merrillville, IN 46410  
(219) 769-9500

# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 10 0093

State No.

1. Decedent's Legal Name (First, Middle, Last) <b>SAMUEL STALLWORTH</b>				14. Maiden Last Name (if Female)		2. Sex <b>MC</b>		3. Year Of Death <b>6:42PM</b>		4. Date Of Death (Month/Day/Year) <b>FEBRUARY 21, 2010</b>			
3. Social Security Number <b>70</b>		5a. Under 1 Year Months		5b. Under 1 Month Days		6. Under 1 Year Months		7. Date Of Birth (Month/Day/Year) <b>AUGUST 15, 1939</b>		8. Birthplace (State and State Or Foreign Country) <b>BREWTON, AL</b>			
8. Ever In U.S. Armed Forces <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				9a. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead On Arrival				9b. If Death Occurred Elsewhere Other Than A Hospital: Treat Care Facility <input type="checkbox"/> Other (Specify)		10. <input type="checkbox"/> Hospital Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long			
11. Facility Name (If Not Institution, Give Street And Number) <b>7733 HEMLOCK AVENUE</b>													
12. City Or Town, State, And Zip Code <b>GARY, INDIANA, 46403</b>						13. County Of Death <b>LAKE</b>			14. Mailed Status At Time Of Death <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Mailed, Not Reported <input type="checkbox"/> Deceased <input type="checkbox"/> Unmailed <input type="checkbox"/> Never Reported <input type="checkbox"/> Unknown				
15. Decedent's Spouse's Name <b>BARBARA</b>				16a. # Of Predeceased Males Last Name <b>CHAPPELLE</b>				16. Decedent's Usual Occupation		17. Kind Of Business/Industry			
18. Residence - State <b>INDIANA</b>				19a. County <b>LAKE</b>				19b. City Or Town <b>GARY</b>		19c. 1999 City Library <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number <b>7733 HEMLOCK AVENUE</b>				19d. Apt. No.		19e. Zip Code <b>46403</b>		19f. 1999 City Library					
18. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)				20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino				21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) <b>ROBERT STALLWORTH</b>				23. Mother's Name (First, Middle, Last) <b>WILLIE STALLWORTH</b>				24. Mother's Maiden Last Name <b>HARRIS</b>					
24. Decedent's Name <b>BARBARA STALLWORTH</b>				26. Relationship To Decedent <b>WIFE</b>				25. Usual Address (Street And Precinct, City, Town, Zip Code) <b>7733 HEMLOCK AVENUE GARY, INDIANA, 46403</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"/> Reinterment From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Baptist Hill Church</b>				25c. Location - City, Town, And State <b>BREWTON, AL</b>		26. Name And Complete Address Of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME 5200 W. 15TH AVE GARY, INDIANA, 46404</b>		27a. Funeral Home License Number <b>PI10000011</b>	
26a. Name Of Indian Funeral Home Licensee <b>Bonnie E. Suggles</b>				27b. License Number Of Licensee <b>FD092400084</b>				28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Malignant Glioblastoma</b> B. C. D. 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					
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>Seizures</b>				29. Was The Fatality Preventable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Was The Fatality Preventable To Clinician The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Violator Use Childproof To Death? <input 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before 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"/> Unnatural (If Documented)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Date Of Injury (Month/Day/Year)		35. Cause Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Mailed Aired)	
38. Location Of Injury - State		39a. City Or Town		39b. 1999 City Library <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39c. 1999 City Library		39d. 1999 City Library		39e. 1999 City Library			
39. Describe How Injury Occurred				39f. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				40. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
41. Signature Of Person Certifying Cause Of Death <i>[Signature]</i>				42. Title Of Person Certifying Cause Of Death				43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Aparna Prujgarash MD 675 N St Clair 18-200 Chicago IL 60611</b>		44. License Number <b>056 098546</b>		45. Date Certified <b>4/8/10</b>	
46. Signature Of Local Health Officer <i>[Signature]</i>				47. For Registrar Only - Date Not Mailed (Year) <b>APR 14 2010</b>									

