

FILED

JUN 20 2024

GINA PIMENTEL
RECORDER

2024-016443

STATE OF INDIANA)

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA
LAKE COUNTY

8:34 AM 2024 Jun 21

COUNTY OF LAKE)

SS:

RECORDED AS PRESENTED

Property Number: 45-09-06-259-009.000-004

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:

Part of the Southwest Quarter of the Northeast Quarter of Section 6, Township 36 North, Range 7 West of the 2nd P.M., described as follows: Beginning at a point on the West boundary line of Lake Avenue in the Town of Miller, now in the City of Gary, a distance of 150 feet Northerly from the Southeast corner of Swan Olander's lot, being on a line from said corner at right angles to the East and West Quarter Section line, Section 6, Township 36 North, Range 7 West, thence Westerly parallel with said Quarter Section line, a distance of 150 feet, thence Northerly at right angles to said last line a distance of 40 feet, thence Easterly at right angles to said last line a distance of 150 feet, thence Southerly at right angles to said last line a distance of 40 feet to the place of beginning, formerly in the Town of Miller, now in the City of Gary, in Lake County, Indiana.

Commonly known as: 420 South Lake Street, Gary, Indiana 46403

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.

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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) SAMUEL STALLWORTH		1a. Maiden Last Name (if Female)		2. Sex MC <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. Year of Death 6-42PM		4. Date of Death (Month/Day/Year) FEBRUARY 21, 2010			
5. Social Security Number 70		6a. Under 1 Year Months		6b. Under 1 Year Days		6c. Under 1 Year Hours		7. Date of Birth (Month/Day/Year) AUGUST 15, 1939			
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 <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)		8. Birthplace (State and Country) BREWTON, AL					
11. Facility Name (if Not Institution, Give Street And Number) 7733 HEMLOCK AVENUE											
12. City Or Town, State, And Zip Code GARY, INDIANA, 46483				13. County Of Death LAKE		14. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoned, Not Determined <input type="checkbox"/> Choked <input type="checkbox"/> Unknown <input type="checkbox"/> Never Stated <input type="checkbox"/> Unknown					
15. Marital Status At Time Of Death INDIANA			16a. County LAKE			16b. City Or Town GARY			17. Decedent's Usual Occupation		
18. Decedent's Usual Occupation BARBARA		19a. Relationship To Decedent CHAPPELLE		19b. Decedent's Usual Occupation		17. Kind Of Business/Industry					
19. Residence - State INDIANA		20a. County LAKE		20b. City Or Town GARY		18d. Apt. No.		18c. Zip Code 46403			
21. 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		18e. MARRIAGE LICENSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. Father's Name (First, Middle, Last) ROBERT STALLWORTH			
23. Mother's Name (First, Middle, Last) BARBARA STALLWORTH		24. Relationship To Decedent WIFE		25. Place Of Disposition Baptist Hill Church		26. Location - City, Town, And State BREWTON, AL		27. Decedent's MARRIAGE LICENSE NUMBER PI10000011			
28. Place Of Disposition Baptist Hill Church		29. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404		29. License Number Of Licensee FD092400984		29. License Number Of Licensee FD092400984					
29. Name And Complete Address Of Funeral Facility Bonnie E. Duggles		30. Place Of Disposition Baptist Hill Church		30. Location - City, Town, And State BREWTON, AL		30. License Number Of Licensee FD092400984					
26. Part I. Enter The Chain Of Events—Disease, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous/Arterial Thrombosis 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. <u>Malignant Glioblastoma</u> 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 Underlying Cause: <u>Seizures</u>											
31. Did Violence Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		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 Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoned <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Date Of Injury (Month/Day/Year)		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Aboard)	
36. Location Of Injury - State		36a. City Or Town		36b. Apt. No.		36c. Zip Code		38. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
39. Describe How Injury Occurred		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>		44. License Number 056 098546		45. Date Certified 4/16/10			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Aparna Prujgirath MD 675 N St Clair 18-200 Chicago IL 60611		44. License Number 056 098546		45. Date Certified 4/16/10		46. Signature of Licensed Person <i>[Signature]</i>					
46. Signature of Licensed Person <i>[Signature]</i>		46. For Registrar Only - Date Filed (Month/Day/Year) APR 14 2010									

