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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-016451

8:34 AM 2024 Jun 21

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Property Number: 45-08-03-327-001.000-004

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:

Lots One (1), Two (2), Three (3), Four (4), and Five (5), in Block Eighty-nine (89), in Gary Land Company's First Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 6 page 15, in the office of the Recorder of Lake County, Indiana, together with improvements thereon and located at 501 East Fifth Avenue, Gary, Indiana.

Commonly known as: 501-19 E 5th Avenue, Gary, Indiana 46402

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.

FILED

JUN 20 2024

Barbara Stallworth

Barbara Stallworth

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12989
am

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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		13. Maiden Last Name (if Female)		2. Sex MC <input checked="" type="checkbox"/> M <input type="checkbox"/> F		3. Year of Death 6-22PM		4. Year of Month (Middle/Last/First) FEBRUARY 21, 2010	
2. Social Security Number 70		3a. Under 1 Year Months		3b. Under 1 Month Days		3c. Under 1 Year Years		7. Date of Birth (Month/Day/Year) AUGUST 15, 1939	
4. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Unknown <input type="checkbox"/>		18. If Death Occurred in a Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		19a. If Death Occurred Somewhere Other Than a Hospital Type Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (State and State or Foreign Country) BREWINGTON		9. Hospital Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility	
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. Medical Status At Year of Death <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Missing, Not Reported <input type="checkbox"/> Deceased <input type="checkbox"/> Withdrawn <input type="checkbox"/> Never Reported <input type="checkbox"/> Unknown			
15. Burial Person's Name BARBARA			16a. (If Multiple Burials Last Name) CHAPPELLE			16. Decedent's Usual Occupation		17. Kind of Burial Facility	
18. Residence - State INDIANA		19a. County LAKE		19b. City Or Town GARY		18a. Apt. No.		18b. Zip Code 46403	
18c. Street And Number 7733 HEMLOCK AVENUE		18d. Apt. No.		18e. State City Library <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. 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		21. Decedent's Race Black or African American		21. Decedent's Race Black or African American		21. Decedent's Race Black or African American		21. Decedent's Race Black or African American	
22. Father's Name (First, Middle, Last) ROBERT STALLWORTH				23. Mother's Name (First, Middle, Last) WILLIE STALLWORTH				23c. Mother's Maiden Last Name HARRIS	
24. Mother's Name BARBARA STALLWORTH		24c. Relationship To Decedent WIFE		24c. Mailing Address (Street And Number, City, State, Zip Code) 7733 HEMLOCK AVENUE GARY, INDIANA, 46483					
25a. Manner Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment Foreign State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Country, Other Place) Baptist Hill Church		25c. Place Of Disposition BREWINGTON, AL		25d. Location - City, Town, And State		25e. Burial or Interment License Number PE10000011	
26. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404		27c. License Number (Of Licensee) FD092400084		27b. Signature Of Individual Funeral Licensee <i>Bonnie E. Duggles</i>					
28. Part I. Enter The Chain Of Events—Disease, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events 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 <u>Seizures</u>									
29. Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I <u>Seizures</u>									
31. Did Violence Ever Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/>		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. Month Of Death: <input type="checkbox"/> Unknown <input type="checkbox"/> Possible <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		38. Cause Of Injury (If IC, Decedent's Home, Construction Site, Transportation, Worked Area) <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Year Of Injury		36. Place Of Injury (If IC, Decedent's Home, Construction Site, Transportation, Worked Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Cause Of Injury (If IC, Decedent's Home, Construction Site, Transportation, Worked Area) <input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Describe How Injury Occurred		39a. City Or Town		39b. Apt. No.		39c. Zip Code		39d. State	
41. Signature Of Person Completing Certificate of Death <i>[Signature]</i>		42. Certifier (Print Only Last) <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: <u>Aparna Pradyumn MD 675 N St Clair 18-200 Chicago IL 60611</u>					
44. License Number 076 098546		45. Date Certified 4/18/10		46. Signature of Local Health Officer <i>[Signature]</i>					
48. For Registrar Only - Date Filed (Month/Day/Year) APR 14 2010									

