NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2024-016455

8:34 AM 2024 Jun 21

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Property Number: 45-08-34-326-003.000-004

SURVIVORSHIP AFFIDAVIT

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

1. Barbara Stallworth is the surviving wife of Samuel Stallworth, deceased.

2. Samuel Stallworth died intestate on February 21, 2010; a copy of his Death Certificate is attached as Exhibit "A."

3. Samuel Stallworth, deceased, resided at 7733 Hemlock Avenue, Gary, Indiana 46403 until his death on February 21, 2010.

4. Samuel Stallworth and Barbara Stallworth were never divorced.

5. Samuel Stallworth and Barbara Stallworth were owners of certain real estate, legally described as follows:

THE NORTH ½ OF THE LOT 14, BLOCK 4, IN BROADWAY GARDENS, IN THE CITY OF GARY AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19, PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 4925 Delaware, 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 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 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

Property of Lake County Recorder

FILED

JUN 20 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25-12989
RM

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

Property of Lake County Recorder

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): SAMUEL STALLWORTH
1a. Maiden Last Name (If Female):
2. Sex: Male
3. Time Of Death: 6:42PM
4. Date Of Death (Month/Day/Year): FEBRUARY 21, 2010
5. Social Security Number:
6a. Age Yrs: 70
6b. Under 1 Year: Months
6c. Under 1 Month: Days
6d. Under 1 Day: Hours
6e. Under 1 Hour: Minutes
7. Date Of Birth (Month/Day/Year): AUGUST 15,1939
8. Birthplace (City And State Or Foreign Country): BREWTON,AL
9. Ever In U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown
10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department/Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number): 7733 HEMLOCK AVENUE
12. City Or Town, State, And Zip Code: GARY,INDIANA,46403
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: BARBARA
15a. If Wife/Husband Maiden Last Name: CHAPPELLE
16. Decedent's Usual Occupation:
17. Kind Of Business/Industry:
18. Residence – State: INDIANA
18a. County: LAKE
18b. City Or Town: GARY
18c. Street And Number: 7733 HEMLOCK AVENUE
18d. Apt. No.:
18e. Zip Code: 46403
18f. Inside City Limits? ☒ Yes ☐ No
19. 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): ROBERT STALLWORTH
23. Mother's Name (First, Middle, Last): WILLIE STALLWORTH
23a. Mother's Maiden Last Name: HARRIS
24. Informant's Name: BARBARA STALLWORTH
24b. Relationship To Decedent: WIFE
24c. Mailing Address (Street And Number, City, State, Zip Code): 7733 HEMLOCK AVENUE GARY,INDIANA,46403

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify)
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Baptist Hill Church
25c. Location – City, Town, And State: BREWTON,AL
26. Was Cremation Considered? ☒ Yes ☐ No
27. Name And Complete Address Of Funeral Facility: POWELL-COLEMAN FUNERAL HOME 5200 W. 15TH AVE GARY,INDIANA,46404
27a. Funeral Home License Number: FH10800011
27b. Signature Of Indiana Funeral Service Licensee: Bonnie E. Huggles
27c. License Number (Of Licensee): FD092400084

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. Malignant Glioblastoma
Due To (Or As A Consequence Of):
B.
Due To (Or As A Consequence Of):
C.
Due To (Or As A Consequence Of):
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

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I
Seizures

29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined
34. Date Of Injury (Month/Day/Year):
35. Time Of Injury:
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area):
37. Injury At Work? ☐ Yes ☐ No
38. Location Of Injury – State:
38a. City Or Town:
38b. Apt. No.:
38c. Zip Code:
39. Describe How Injury Occurred:
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Aparna Prugananth MD 675 N St Clair 18-200 Chicago Il 60611
44. License Number: 036 085546
45. Date Certified: 4/8/10
46. Additional Funeral Service Provider:
47. *Alias:
48. Signature Of Local Registrar:
49. For Registrar Only – Date Filed (Month/Day/Year): APR 14 2010

EXHIBIT A

Property of Lake County Recorder

State Form 10110 (R7/9-07) ATTENTION FUNERAL DIRECTOR: The Medical Examiner is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-8-7-1-10