

GINA PIMENTEL
RECORDER

2024-016457

STATE OF INDIANA

8:34 AM 2024 Jun 21

LAKE COUNTY

RECORDED AS PRESENTED

3

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:

Property Number: 45-08-01-429-015.000-004

SURVIVORSHIP AFFIDAVIT

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

- 1. Barbara E. 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 E. Stallworth were never divorced.

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

Lot 10 in Block 2 in Glen L. Ryan's Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 30, page 24, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 4700 Miller Lane, 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 E. 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 E. Stallworth
Barbara E. Stallworth

FILED

JUN 20 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR


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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 E. Stallworth, and I acknowledged the execution of the foregoing document.

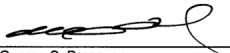
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



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

Property of Lake County Recorder

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		10. Maiden Last Name (if Female)		2. Sex MALE	3. Year of Death 6-22PM	4. Date of Death (Month/Day/Year) FEBRUARY 21, 2010	
5. Social Security Number 70	6a. Under 1 Year Months 70	6b. Under 1 Month Days	6c. Under 1 Year Years	6d. Under 1 Year Months	7. Date of Birth (Month/Day/Year) AUGUST 15, 1939	8. Birthplace (State and State or Foreign Country) BREWTON, AL	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Unknown <input type="checkbox"/>		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 Outpatient Other Than a Hospital: Type Care Facility <input type="checkbox"/> Other (Specify)		10b. Place of Death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical, Not Hospitalized <input type="checkbox"/> Discharged <input type="checkbox"/> Unknown <input type="checkbox"/> Home <input type="checkbox"/> 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. Mailed Status At Time of Death <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Mailed, Not Deposited <input type="checkbox"/> Discharged <input type="checkbox"/> Unknown <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)	
15. Decedent's Usual Residence BARBARA		15a. If Multiple Residences 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		19. Mailed Status At Time of Death <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street and Number 7733 HEMLOCK AVENUE		19a. Apt. No.		19b. Zip Code 46403		19c. Mailed City Library <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 MARRIAGE LAST NAME HARRIS			
24. Mother's Maiden Name BARBARA STALLWORTH		24a. Relationship to Decedent WIFE		24b. Issuing Hospital (Street and Number, City, State, Zip Code) 7733 HEMLOCK AVENUE GARY, INDIANA, 46403			
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) Baptist Hill Church		25c. Location - City, Town, and State BREWTON, AL			
26. Place of Disposition <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26a. Home And Complete Address of Funeral Facility POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404		26b. Funeral Home License Number FE18000011			
27a. Signature of Indian Funeral Director <i>Bonnie E. Juggles</i>		27b. License Number (If Licensed) FD092400084		28. Cause of Death (See Instructions and Examples) 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			
29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given in Part I <u>Seizures</u>		30. Will The Following Information? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Was Autopsy Performed Available To Complete The Cause of Death? <input type="checkbox"/> Yes <input 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"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown if Pregnant Within The Past Year		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"/> Doubtful or Unexplained		34. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. Date of Injury (Month/Day/Year)		36. Year of Injury		37. Place of Injury (e.g., Decedent's Home, Construction Site, Restaurant, Worked Aboard)		38. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Location of Injury - State		39a. City or Town		39b. Apt. No.		39c. Zip Code	
40. Describe How Injury Occurred		41. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Watercraft <input type="checkbox"/> Other (Specify)		42. Certified Death Only (Yes) <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: <i>Aparna Prujvarath MD 675 N St Clair 15-200 Chicago IL 60611</i>		44. License Number 056 098546		45. Date Certified 4/8/10			
46. Signature of Local Health Officer <i>[Signature]</i>		47. APR 14 2010					

