

AUG 16 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

**2024-021535**

9:35 AM 2024 Aug 16

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**DEVOLUTION OF ESTATE AFFIDAVIT**

**MARK STEMPE**, being first duly sworn upon his oath, states as follows:

1. That he is the son of BARBARA LEE STEMPE who died intestate on November 14, 2020. A copy of the death certificate of Barbara Lee Stempe is attached hereto as Exhibit "A". At the time of her death of BARBARA LEE STEMPE was owner of an UNDIVIDED ONE-QUARTER (1/4) interest in the real estate described below pursuant to Affidavit of Heirship recorded as Document No. 2011-016597 on March 18, 2011:

Lot 8, Block 5 in Hessville Gardens addition to the City of Hammond, as per plat thereof recorded in the Office of the Recorder, Lake County, Indiana.

Commonly known as: 6634 Alabama, Hammond, Indiana  
Key No.: 45-07-09-206-021.000-023

2. That at least seven months have elapsed since the death of BARBARA LEE STEMPE.

3. That the title devolved through the aforesaid individual by way of an Intestate Transfer under 29-1-2-1.

4. No Letters Testamentary nor Letters of Administration have been issued to a Court appointed personal representative for the decedent within the time limits specified under I.C. 29-1-7-15.1(D), and a Probate Court has not issued findings and an accompanying Order preventing the limitation in Section 15 (B) I.C. 29-1-7-15.1 (B) of this Chapter from applying to the decedent's real property.

5. The Distributees are as follows:

MARK STEMPE, adult son  
VINCENT STEMPE, adult son

Undivided one-eighth (1/8) interest  
Undivided one-eighth (1/8) interest

Further your Affiant saith not.

  
MARK STEMPE

25-9287-Rm

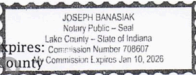
# NOT AN OFFICIAL DOCUMENT


STATE OF INDIANA            )  
  ) SS:  
COUNTY OF LAKE            )

Subscribed and sworn to before me by **MARK STEMPER**, who personally appeared before me and is known to me to be the person described in and who executed the foregoing affidavit and acknowledged that he executed the same as his free act and deed.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal at my office this 15<sup>th</sup> day of August, 2024.

My Commission Expires:  Resident of Lake County



 , Notary Public

I, Joseph Banasiak, 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. Joseph Banasiak

**PREPARED BY and MAIL TO:** Joseph Banasiak, 8320 Kennedy Avenue, Highland, IN 46322, Attorney at Law, Attorney No. 10769-45.

Property of Lake County Recorder



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 363863

Local No 000249

EDR No 00000228517

State No 2020-003016

1. Decedent's Legal Name (First, Middle, Last) <b>BARBARA LEE STEMPER</b>		1a. Maiden Name (if female) <b>SHARP</b>		2. Gender <b>Female</b>		3. Time of Death <b>04:15 PM</b>		4. Date of Death (Month/Day/Year) <b>01/14/2020</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>72</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours	
6e. Under 1 Hour Minutes		6f. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) <b>04/10/1947</b>		8. Birthplace (City and State or Foreign Country) <b>Hammond, Indiana</b>			

9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 Somewhere 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)	
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11. Facility Name (if Not Institution, Give Street and Number) **6634 ALABAMA Avenue**

12. City Or Town, State, And Zip Code <b>Hammond, Indiana 46323</b>		13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
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15. Surviving Spouse's Name		16a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
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18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Hammond</b>	
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16c. Street And Number <b>6634 ALABAMA Avenue</b>		18d. Apt. No.		18e. Zip Code <b>46323</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>	
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20. Parent's Name (First, Middle, Last) <b>STANLEY SHARP</b>		23. Parent's Name (First, Middle, Last) <b>MARION SHARP</b>		23a. Parent's Last Name Before First Marriage <b>O'DONELL</b>	
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24. Informant's Name <b>MARK STEMPER</b>		24a. Relationship To Decedent <b>Son</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>12806 MARSHALL STREET, Crown Point, IN, 46307</b>	
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25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Crematory, Cemetery, Other Place) <b>HEIGHTS CREMATORY</b>		25c. Location - City, Town, And State <b>Chicago Heights, IL</b>	
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Crown Cremation Services 850 N. MADISON STREET, Crown Point, Indiana, 46307</b>		27a. Funeral Home License Number: <b>FH11300014</b>	
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27b. Signature Of Indiana Funeral Service Licensee: <b>MERRILEE D. FREY</b>		27c. License Number (Of Licensee): <b>FD21700031</b>	
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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.		Cause Of Death (See Instructions And Examples)		Approximate Interval: Onset To Death	
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Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <b>CARDIAC ARREST</b>		IMMEDIATE	
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		B. <b>COMPLICATIONS OF HEPATIC CIRRHOSIS</b>		INTERMEDIAT	
		C.			
		D.			

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
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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)	
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38. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
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38c. Apt. No.		38d. Zip Code	
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39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	
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41. Signature, Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY</b>		42. Certify (Check Pay Date): <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY 2900 W. 93RD. AVE. LAKE COUNTY, IN 46033</b>		44. Decedent's Date Of Birth: <b>04/10/1947</b>		45. Date Of Death: <b>02/07/2020</b>	
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46. Additional Funeral Service Provider:		47. FA-100		49. For Registrar Only - Date Filed (Month/Day/Year): <b>02/07/2020</b>	
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48. Signature of Local Health Officer: <b>CHANDANA VAVILALA</b>		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	
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Amended by Medical Certifier [Signature] **LAKE COUNTY HEALTH OFFICER**

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

APR 28 2023

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

RAISED SEAL AFFIXED