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STATE OF INDIANA  
PUBLIC RECORDS

2011 073098

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IN THE MATTER OF THE ESTATE OF: )  
)  
Benjamin F. Tinsley, Deceased 11-24-2011 )  
a/k/a Benjamin Tinsley )

RECORDER

AFFIDAVIT OF SURVIVORSHIP

↓  
Comes now Betty Tinsley, being duly sworn upon her oath, and states as follows:

The affiant is the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 743 Hanley Street, Gary, Indiana 46406, Parcel No. 45-07-01-453-009.000-004. *See legal description below! \*pt*

Title to the real estate is held in the name of Benjamin Tinsley and Betty Tinsley as husband and wife, tenants by the entireties.

Title holder Benjamin Tinsley is one and the same person as Benjamin F. Tinsley who died on the 24<sup>th</sup> day of November, 2011

The death certificate of Benjamin F. Tinsley a/k/a Benjamin Tinsley is attached to this affidavit.

The purpose of this affidavit is to cause the removal of Benjamin Tinsley a/k/a Benjamin F. Tinsley, deceased from the title to the foregoing real estate.

State of Indiana )  
County of Lake )

) SS:

*Document is the property of the Lake County Recorder!*  
*DEC 16 2011*  
*PEGGY HOLINGA KATONA*  
*LAKE COUNTY AUDITOR*  
*ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER*  
*Betty Tinsley*  
*Betty Tinsley*

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Betty Tinsley and acknowledged the execution of this Affidavit of Survivorship this 16<sup>th</sup> day of December, 2011.



*Patrick A. Schuster*  
Patrick A. Schuster, Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.

**030072**

This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Ste. A, Crown Point, IN 46307; Atty. I.D. No. 1651-45

*pt* *\* Lat 32 and the South 10 feet of Lat 33 in Block 6 in the Van Drew and Furkey 1st subdivision in the City of Gary, as per plat thereof recorded in plat book 21 page 10 in the office of the Recorder of Lake County, Ind.*

*130*  
*CS*  
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**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

**Local No 003675**

**EDR No 00000231542**

**State No 052354**

1. Decedent's Legal Name (First, Middle, Last) <b>BENJAMIN F TINSLEY</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>07:39 PM</b>	4. Date Of Death (Month/Day/Year) <b>11/24/2011</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>71</b>	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) <b>01/19/1940</b>		8. Birthplace (City and State or Foreign Country) <b>COVINGTON, TN</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 checked="" 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 type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL SOUTHLAKE</b>									
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>BETTY L. TINSLEY</b>			15a. (If Wife) Give Maiden Last Name <b>HARRELL</b>			16. Decedent's Usual Occupation <b>GENERAL FOREMAN</b>		17. Kind Of Business/Industry <b>INLAND STEEL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18d. Apt. No.	18e. Zip Code <b>46406</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>743 HANLEY STREET</b>		19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</b>	20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>				
22. Father's Name (First, Middle, Last) <b>DEWEY TINSLEY SR</b>				23. Mother's Name (First, Middle, Last) <b>EUNICE TINSLEY</b>			23a. Mother's Maiden Last Name <b>COBB</b>		
24. Informant's Name <b>BETTY L TINSLEY</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>743 HANLEY STREET, GARY, IN 46406</b>					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" 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 Cemetery, Crematory, Other Place) <b>RIDGELAWN CEMETERY</b>			25c. Location - City, Town, And State <b>GARY, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>					27a. Funeral Home License Number: <b>FH83007704</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>PATRICIAN L. OWENS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08700298</b>			
28. Part I. Enter The <u>Chain Of Events</u> - 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.									
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>DEMENCIA</u>		Due to (Or As A Consequence Of)		10 YEARS		Approximate Interval: Onset To Death	
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. <u>ASCVD</u>		Due to (Or As A Consequence Of)		15 YEARS			
		C. <u>PARKINSONS DISEASE</u>		Due to (Or As A Consequence Of)		5 YEARS			
		D. <u>HYPERTENSION</u>		Due to (Or As A Consequence Of)		15 YEARS			
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		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"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
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 (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>KRISHNAN POTTI, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <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: <b>KRISHNAN POTTI, 8300 BROADWAY STE 1B, MERRILLVILLE, IN 46410</b>						44. License Number <b>01025043A</b>		45. Date Certified <b>11/30/2011</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>DEC 01 2011</b>			
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>									