

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2
2013 050960

2013 JUL 15 AM 10:44

MICHAEL B. BROWN
RECORDER

TAX: I.D. NO. 45-07-07-453-032.000-023

Paul Manning, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **PATRICIA DUNNETT-MANNING**, died on December 17, 2012, at Hammond, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 1 IN DAVIS REALTY SUBDIVISION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED JULY 14, 1953 IN PLAT BOOK 29 PAGE 110, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.
Commonly known as: 1303 172nd STREET, HAMMOND, IN 46375

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 27th day of June

My Commission Expires: 5-10-17

Signature Darleen S. Birchel

County of Residence: Lake

Printed Darleen S. Birchel, Notary Public



This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]

Signature of Preparer

Darleen S. Birchel

Printed Name of Preparer

FILED

JUL 11 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 139361

\$13 cm
L3605



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003988

EDR No 00000295644

State No 056289

1. Decedent's Legal Name (First, Middle, Last) PATRICIA DUNNETT-MANNING				1a. Maiden Name (If female) DUNNETT		2. Sex FEMALE	3. Time Of Death 10:59 PM	4. Date Of Death (Month/Day/Year) 12/17/2012	
5. Social Security Number		6a. Age - Yrs 63	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) 07/30/1949		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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)			
11. Facility Name (If Not Institution, Give Street and Number) 1303 172ND STREET						12. City Or Town, State, And Zip Code HAMMOND, IN, 46324		13. County Of Death LAKE	
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 PAUL MANNING		15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation BABY CARE SPECIALIST
17. Kind Of Business/Industry RETAIL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 1303 172ND STREET	18d. Apt. No.
18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) DAVID DUNNETT				23. Mother's Name (First, Middle, Last) BARBARA DUNNETT		23a. Mother's Maiden Last Name IMHOFF		24. Informant's Name PAUL MANNING	
24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1303 172ND STREET, HAMMOND, IN 46324				25. Place Of Disposition			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) MIDWEST CREMATORY			25c. Location - City, Town, And State LAPORTE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MIDWEST CREMATORY (LAPORTE), 678 E. HUPP ROAD, LA PORTE, IN 46350				27a. Funeral Home License Number FH10500015			
27b. Signature Of Indiana Funeral Service Licensee: CASMI PULASKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08900012			
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 Each Line. Add Additional Lines If Necessary.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. LUNG CANCER									30 MONTHS
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									DEC 26 2012
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 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 <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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)		38c. Apt. No.		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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: LYLE R MUNN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031582A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304						45. Date Certified 12/18/2012		47. *Akas:	
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE			
49. For Registrar Only - Date Filed (Month/Day/Year): DEC 20 2012						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			