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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-010739

3:56 PM 2023 Apr 14

Mail Tax Bills To:
50 Fraser Lane,
Hobart, Indiana 46342-3447.

PERSONAL REPRESENTATIVE'S DEED

Barbara A. Snow, as Personal Representative of the Estate of Phillip Manning, which estate was decided in Lake Superior Court under the Cause Number 45D11-1909-ES-000185, by virtue of the power and authority granted to a personal representative and pursuant to the order entered on the 25th day of January 2023 conveys to:

Barbara A. Snow, of Porter County, Indiana, the following described real estate in Lake County, Indiana, to wit:

Legal Description: A part of the West half of the Southeast Quarter of the Southwest Quarter of Section 20, Township 36 North, Range 7 West of the 2nd P.M. described as: Beginning at a point 505 feet North of the Southwest corner of the Southeast Quarter of the Southwest Quarter of Section 20, thence East 176 feet parallel to the South line of Section 28, thence North on a line parallel to the West line of the Southeast Quarter of the Southwest Quarter of Section 28, a distance of 140 feet; thence West on a line parallel to the South line of section 28, a distance of 176 feet to a point on the West line on the Southeast Quarter of the Southwest Quarter of Section 29; thence South 140 feet to the place of beginning, in Lake County, Indiana

Parcel No.: 45-09-28-376-006.000-018.

Commonly known as: 50 Fraser Lane, Hobart, Indiana 46342-3447.

Subject to real estate taxes for 2022 and subsequent years.
Subject to covenants, easements, rights of ways, restrictions or encumbrances of record.

Grantor affirms under the penalty for perjury that Barbara A. Snow is Phillip Manning's Personal Representative and sole beneficiary of his will executed on June 4, 2019 and attached herein as "Exhibit A."

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

APR 14 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CS
RM
D



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IN WITNESS WHEREOF, said Barbara A. Snow as Personal Representatives of the estate of Phillip Manning, has hereunto set her hand and seal this 12th day of April, 2023.

Barbara A. Snow

Barbara A. Snow
Personal Representative of the
Estate of Phillip Manning,
Deceased.

Prepared By: Adedoyin Gomih, Attorney No.:26826-45
394-396 W. 80th Pl.
Merrillville, IN 46410
doyin@adedoyingomihlaw.com

I hereby certify under the penalty for perjury that I have taken reasonable care to redact all social security numbers in the attached document, except as required by law.

[Signature]

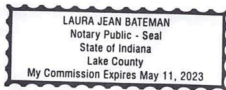
Adedoyin Gomih

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Barbara A. Snow as Personal Representative of the Estate of Phillip Manning, Deceased and acknowledged the execution of the attached deed to her voluntary act and deed for the uses and purposes expressed herein.

WITNESS MY HAND AND SEAL this 12th day of April, 2023.

Laura Jean Bateman
Notary Public
Resident of Lake County
Commission Expires: May 11, 2023



Filed in Clerk's Office

SEP 05 2019

**LAST WILL AND TESTAMENT OF
PHILLIP THOMAS MANNING**

Lorenza A. Quindone
CLERK OF SUPERIOR COURT

PHILLIP T. MANNING, a resident of Lake County, State of Indiana, being of sound mind and disposing memory, declare this to be my Last Will and Testament, and by execution of this Will, I revoke all Wills and Codicils previously made by me. At the time of execution of this Will, I am engaged to Barbara A. Snow and have no children.

**ARTICLE I
INDEPENDENT EXECUTOR**

I appoint Barbara A. Snow, as Independent Executor of my will and my estate. If Barbara A. Snow is unable or unwilling to act, or to continue to act, in the capacity of Executor, then I appoint Robert A. Willoughby, as Independent Executor of this Will.

Any successor independent executor hereunder shall possess and exercise all powers and authorities herein conferred on the original independent executor. Such successor independent executor named herein shall be responsible only for the assets delivered by the preceding independent executor or its legal representative and may accept as correct the statement of such predecessor or its legal representative that such assets constitute all of the assets of the estate without any duty to inquire into the administration of the estate or require an accounting by the preceding independent executor. No successor independent executor shall be responsible for or liable by reason of any act of omission of a predecessor independent executor.

No bond or other security shall be required of my Executor appointed in this Will. No action shall be had in the County Court or probate Court in relation to the settlement of my estate other than the probating and recording of my Will and the return of an inventory, appraisal and list of claims of my estate. My executor shall have full power to manage, control, sell, convey, assign, lease, rent or exchange, any tangible or intangible personal or real property not specifically bequeathed or devised at such times, for such prices and upon such terms as my executor, in the exercise of absolute discretion, shall determine. My executor shall have full power to manage, control, sell, convey, assign, lease, rent or exchange, any tangible or intangible personal or real property specifically bequeathed or devised only to the extent necessary to satisfy debts, obligations, taxes or administration expenses of my estate and the specific bequests as provided in this Will.

My executor shall have the authority to partition my estate among the legatees, devisees, and trusts as provided for in this Will and in doing so, my executor may distribute assets in kind, including undivided interests herein. My executor shall not be required to distribute assets on a pro rata basis to the beneficiary, beneficiaries, or trusts receiving such distribution, but may, in the exercise of my executor's absolute discretion, make non-pro rata distributions so long as the legatees, devisees or trusts receive assets of a value equal to the fair market value of his or her respective interests as of the time of distribution.

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No individual serving as executor of this Will and my estate shall receive compensation for serving as executor, but shall be reimbursed for all reasonable expenses, including attorney's or accountant's fees made or incurred in the administration of my estate.

ARTICLE II PAYMENT OF DEBT AND EXPENSES

I direct that my funeral expenses and expenses for the administration of my estate, federal and state estate taxes assessed against my estate, if any, and the inheritance taxes imposed upon the beneficiaries of my estate relating to probate assets, non-probate assets, or both, shall be paid by my executor out of my residuary estate without apportionment, and shall not be a charge against any specific bequest or any devise or against any property not included in my probate estate. Provided, however, in the event any properties that I own at the time of my death are encumbered by mortgage or lien, my executor shall pay only the installments due during the course of administration of my estate, and the parties receiving such properties by my Will, by taking such properties, shall take such properties subject to such indebtedness.

ARTICLE III PERSONAL PROPERTY

I bequeath all of my personal property to Barbara Alane Snow.

ARTICLE III REAL PROPERTY

I devise all of my real property Barbara Alane Snow.

ARTICLE IV MISCELLANEOUS PROVISIONS

Indiana Law to Govern: All questions concerning the meaning and intention of any terms of this Will, its validity, or the exercise or administration of any powers created in this Will, shall be determined in accordance of the laws of the State of Indiana.

Not Contractual: This Will is not being executed pursuant to or as a part of any contract, and I may revoke or change this Will at any time without breaching any agreement. Nothing in this Will shall be deemed to exercise any power of appointment that I may have.

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Effect of Inoperative, Invalid, or Illegal Provision: If any provision of this Will or of any codicil thereto is held to be inoperative, invalid, or illegal, all of the remaining provisions shall continue to be fully operative and effective.

Headings: The headings above the various provisions of this Will have been included only in order to make easier to locate the subject covered by each provision and are not to be used in construing this Will or in ascertaining my intentions.

Survival: A requirement that a beneficiary "survive" a specified individual or event or be "surviving" or "living" shall be interpreted to mean "survival by thirty (30) days." Any individual who fails to survive an individual or event by thirty (30) days shall be deemed to have predeceased such individual or event.

ARTICLE V. ACKNOWLEDGMENT

I PHILLIP T MANNING in the presence of
Carrie Castro and Nikola Stankovic hereby sign my
name to this Will on this 4TH day of JUNE, 2019.

Carrie Castro
Witness

Phillip T Manning
Phillip Thomas Manning, Testator

Nikola Stankovic
Witness

SELF PROVING AFFIDAVIT

We, the undersigned Testator and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument declare:

- (1) That the Testator executed this instrument as the Testator's will in the presence of all witnesses;
- (2) That the Testator executed this will as the Testator free and voluntary act for the purposes expressed in it;
- (4) That each of the witnesses, in the presence of the Testator and of each other, signed the will as a witness;
- (5) That to the best of the knowledge of the witnesses, the Testator was of sound mind; and
- (6) That to the best of the knowledge of the witnesses, the Testator was eighteen (18) or more years of age at the time the Testator executed this will.

Philip T. Manning
Philip T. Manning, Testator

6-4-19
Date

Carol C. Manning
Witness

6-4-19
Date

Nick Snow
Witness

6-4-19
Date

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OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

GINA PIMENTEL
Recorder

PHONE (219) 755-3730
FAX (219) 648-6094

DISCLAIMER

This document has been recorded as presented.
It may not meet with State of Indiana Recordation Requirements.

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2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING: _____
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5. DOCUMENT TOO LIGHT AT TIME OF RECORDING: _____
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11. OTHER: _____

CUSTOMER INITIALS: BS DATE: 4, 14, 23

EMPLOYEE INITIALS: RM DATE: 4, 14, 23