

## EXHIBIT PX-29

**IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF PENNSYLVANIA**

WHITEWOOD *et al.*,

Plaintiffs,

v.

WOLF *et al.*,

Defendants.

**Civil Action**

**No. 13-1861-JEJ**

**DECLARATION OF MAUREEN HENNESSEY**

I, Maureen Hennessey, declare as follows:

1. I am 53 years old, and a Pennsylvania resident.
2. I submit this declaration in support of Plaintiffs' Motion for Summary Judgment in the matter of *Whitewood et al. v. Wolf et al.* to briefly describe the importance of marriage to me and how the Commonwealth of Pennsylvania's refusal to recognize my marriage is stigmatizing and hurtful.
3. My wife, Mary Beth McIntyre, and I were both born and raised in Philadelphia.
4. Mary Beth and I lived together for 29 years, from 1984 until Mary Beth's death on May 18, 2013 at the age of 55. (True and correct copies of photographs of Mary Beth and me together over the years, produced in this litigation as HENNESSEY000160, HENNESSEY000163, and

HENNESSEY000164, are attached as Exhibits PX-29-A, PX-29-B, and PX-29-C, respectively.)

5. Mary Beth and I raised 3 children together: my son from a previous relationship, and Mary Beth's niece and nephew, whose mother died when they were young, although Mary Beth never formally adopted any of them. (A true and correct copy of a photograph of Mary Beth, me, my son Shawn, and Mary Beth's niece Kerry, produced in this litigation as HENNESSEY000161, is attached as Exhibit PX-29-D.) When Mary Beth died, we had three grandchildren. A fourth was born shortly after she passed away.

6. In August 2009, Mary Beth was diagnosed with inoperable Stage 4 lung cancer that had spread to her brain and bones. After Mary Beth fell ill, I left my job as a substitute teacher in the Philadelphia School District to care for Mary Beth and to help Mary Beth run her business, which was the family's primary source of income.

7. Mary Beth and I married in Provincetown, Massachusetts on June 9, 2011. (A redacted copy of our Certificate of Marriage, produced in this litigation as HENNESSEY000003, is attached as PX-29-E.) We would have preferred to marry in our home state of Pennsylvania where our loved ones and friends live, and we would have loved to solemnize our marriage at Germantown Friends Meeting in our neighborhood. But getting married in Pennsylvania was not an

option, and we knew our time together was too limited to try to wait for that change to come. (A true and correct copy of a photograph of Mary Beth and me taken in Provincetown on our wedding day, produced in this litigation as HENNESSEY000165, is attached as Exhibit PX-29-F.)

8. While Mary Beth was suffering the physical and emotional pain of end stage cancer, she had the additional burden of worrying about how I would manage financially after she was gone. (A true and correct copy of a video with interviews of Mary Beth and me and our family taped in May 2013, produced in this litigation as HENNESSEY000166, is attached as Exhibit PX-29-G.)

9. We realized that, when Mary Beth died, her property would not pass automatically to me, since Pennsylvania does not recognize our marriage. So Mary Beth went to an attorney in our neighborhood and paid to have a will drawn up to try to effectuate her desire to leave all of her possessions to me. (A redacted version of Mary Beth's will, produced in this litigation as HENNESSEY000001-02, is attached as Exhibit PX-29-H.) But there was nothing an attorney could do to establish most of the legal protections that are available to widows and widowers.

10. As Mary Beth's cancer got worse, she needed my help to get in and out of bed and to the bathroom. I helped bathe her and administered her medications. Because Mary Beth had difficulty chewing and swallowing, I made foods that were easy to swallow and helped feed her.

11. The fact that our marriage isn't recognized in Pennsylvania made it much harder to advocate for Mary Beth during her illness. As the tumors spread through Mary Beth's brain, it became more difficult for her to speak, and her speech difficulties embarrassed her. So I made a lot of phone calls on Mary Beth's behalf to insurance companies, doctors, and hospice workers to make sure she was getting the care she needed. With every call I had to explain our relationship. Since Pennsylvania treats Mary Beth and me as legal strangers, I was at the mercy of the person on the other end of the phone. I worried with every phone call that I would be told I had no right to speak for Mary Beth. I had to keep lists of which individuals at various companies recognized me as Mary Beth's spouse and would talk to me. If Pennsylvania recognized our marriage, it would have been much easier to protect Mary Beth before she died.

12. Before Mary Beth passed away, we made arrangements for her funeral and burial. Mary Beth told the undertaker that she wanted it noted on her death certificate that we were married, and wanted me listed as her surviving spouse. He explained to us that we wouldn't be able to do that because Pennsylvania doesn't recognize me as Mary Beth's wife.

13. This upset Mary Beth a lot. But I'm not sure she was as upset as I was after she passed when I got to hold that death certificate and see that there was a space for me, but I can't go in it. Mary Beth's death certificate listed her as

“never married,” and the “surviving spouse” part of the form was left blank. I was listed as the “informant.” (A redacted copy of Mary Beth’s death certificate, produced in this litigation as HENNESSEY000135, is attached as Exhibit PX-29-I.) I shouldn’t be listed as the informant. That sounds like a person who made a telephone call. I want to be recognized as Mary Beth’s surviving spouse. And I want—just as she wanted—her death certificate to acknowledge that, at the time she passed, she was married. Pennsylvania’s refusal to recognize our marriage disrespects the commitment that Mary Beth and I made to one another and devalues our 29-year relationship and our family.

14. Because Pennsylvania treats Mary Beth and me as legal strangers, in February 2014, I paid an inheritance tax of 15% on the property that Mary Beth left to me. (A redacted copy of the inheritance tax return, produced in this litigation as HENNESSEY000167–240, and the check paying the inheritance tax, produced in this litigation as HENNESSEY000241, are attached as Exhibits PX-29-J and PX-29-K, respectively.) I was even taxed on assets we owned together, including half of our joint bank accounts and half the value of the home we bought together and shared together and owned as joint tenants with the right of survivorship. (A redacted copy of the deed to our house, produced in this litigation as HENNESSEY000099, is attached as Exhibit PX-29-L.) I had to use a substantial amount of Mary Beth’s life insurance and retirement savings to pay the

estate tax bill—a bill that would have been \$0 if Pennsylvania acknowledged us as a married couple.

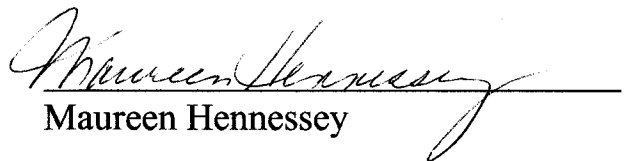
15. If Pennsylvania does not recognize our marriage, I will not be eligible to receive Mary Beth's Social Security benefits when I retire. This is particularly tough for me because Mary Beth was the primary breadwinner in the family and her Social Security benefit would be much higher than mine. Not only do I have to figure out how to live without the love of my life by my side, but I also have to figure out how to manage financially on my own without the security of the Social Security benefits that Mary Beth worked for decades to earn.

16. I love Mary Beth, and I want Pennsylvania to recognize our marriage.

17. I make this declaration from my own knowledge of the facts and circumstances set forth above. If necessary, I could and would testify to these facts and circumstances.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 4-16-14

  
Maureen Hennessey

## EXHIBIT PX-29-A





## EXHIBIT PX-29-B



EXHIBIT PX-29-C



HENNESSEY000164

## EXHIBIT PX-29-D



HENNESSEY000161

## EXHIBIT PX-29-E



Town of Provincetown  
Office of the Town Clerk



Town Hall, 260 Commercial Street  
Provincetown, Massachusetts 02657  
Facsimile (508) 487-9560  
Telephone (508) 487-7013



The Commonwealth of Massachusetts  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS  
**CERTIFICATE OF MARRIAGE**

(State file number)  
Provincetown  
(City or town making return)  
Registered No. 74

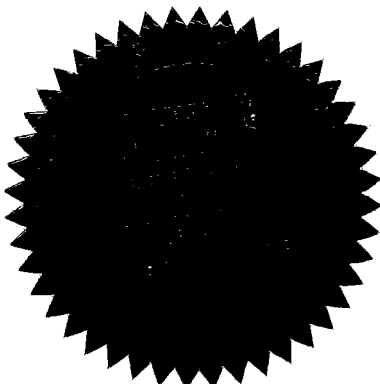
1 Place of Marriage  
City or Town Provincetown 2 Date of Marriage June 9, 2011 Intention No. 2011-080  
(Do not enter name of village or section of city or town) (Month) (Day) (Year)

3 FULL NAME PARTY A <u>Mary Beth McIntyre</u>		11 FULL NAME PARTY B <u>Maureen Anne Hennessey</u>	
3A SURNAME AFTER MARRIAGE <u>McIntyre</u>		11A SURNAME AFTER MARRIAGE <u>Hennessey</u>	
4 DATE OF BIRTH <u>[REDACTED]</u>	5 OCCUPATION <u>CEO, MacKee, Inc.</u>	12 DATE OF BIRTH <u>[REDACTED]</u>	13 OCCUPATION <u>Teacher</u>
6 RESIDENCE NO. & ST. <u>[REDACTED]</u> CITY/TOWN <u>Philadelphia</u> ST. <u>PA</u> ZIP CODE <u>[REDACTED]</u>		14 RESIDENCE NO. & ST. <u>[REDACTED]</u> CITY/TOWN <u>Philadelphia</u> ST. <u>PA</u> ZIP CODE <u>[REDACTED]</u>	
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>2nd</u>	7A WIDOWED OR DIVORCED <u>Divorced</u>	15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) <u>1st</u>	15A WIDOWED OR DIVORCED <u>- - -</u>
8 BIRTHPLACE <u>Philadelphia</u> <u>Pennsylvania</u> (City or town) (State or country)		16 BIRTHPLACE <u>Philadelphia</u> <u>Pennsylvania</u> (City or town) (State or country)	
9 NAME OF MOTHER/PARENT <u>Eve M. McIntyre</u> <u>[REDACTED]</u>		17 NAME OF MOTHER/PARENT <u>Anne Marie Hennessey</u> <u>[REDACTED]</u>	
10 NAME OF FATHER/PARENT <u>Edward J. McIntyre</u>		18 NAME OF FATHER/PARENT <u>Francis L. Hennessey</u>	

19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of Provincetown according to law, this 6 day of June 20 11  
(Name of Community)  
☐ COURT WAIVER Issued June 9, 2011 by Doug Johnstone  
☐ AGE ORDER (Month) (Day) (Year) (City or Town Clerk or Registrar)

20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. 577 Commercial St.  
(If marriage was solemnized in a church, give its NAME instead of street and number)  
Provincetown on June 9 2011  
(Name of city or town) (Month) (Day) (Year)  
Signature Susan F. Brand Justice of the Peace  
(Print or type name) (Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)  
Address 7 Arlington St., No. 22, Cambridge MA 02140

21 Certificate recorded by city or town clerk JUNE 13, 2011 CLERK OR REGISTRAR [Signature]  
(Month) (Day) (Year)  
22 PARTY A SEX: ☐ MALE ☒ FEMALE 23 PARTY B SEX: ☐ MALE ☒ FEMALE



A TRUE COPY ATTEST  
[Signature]  
TOWN CLERK, PROVINCETOWN

**EXHIBIT PX-29-F**



HENNESSEY000165

**EXHIBIT PX-29-G**

VIDEO FILED WITH COURT

## EXHIBIT PX-29-H

# LAST WILL AND TESTAMENT

OF:

MARY BETH MCINTYRE

I, MARY BETH MCINTYRE, from the City of PHILADELPHIA,  
in the County of PHILADELPHIA, in the State of PENNSYLVANIA

being of sound mind, and not acting under duress, fraud, or undue influence of any  
person, hereby make, publish and declare this my last Will and Testament, expressly  
hereby revoke any and all other Wills and Codicils heretofore made by me.

## ARTICLE ONE

EXECUTOR:

I appoint and nominate MAUREEN A. HENNESSEY as Executor of this my Last  
Will and Testament. If this Executor is unable or unwilling to serve, then I appoint and  
nominate KERRY M. GOLDMAN as alternate Executor. My Executor shall be  
authorized to carry out all provisions of this Will and pay my just debts, obligations and  
funeral expenses. I further provide my Executor shall not be required to post surety bond  
in this or any other jurisdiction, and direct that no expert appraisal be made of my estate  
unless required by law.

## ARTICLE TWO

GUARDIAN: N/A MBM

I appoint and nominate \_\_\_\_\_ as Guardian of my minor  
children. In the event that \_\_\_\_\_ shall predecease me or fails to  
serve as such Guardian, then I appoint and nominate \_\_\_\_\_  
as Guardian of the person and property of my minor children. I further direct that no  
bond shall be required.

## ARTICLE THREE

BEQUESTS:

I, hereby give, devise and bequeath my estate, both real and personal and wherever  
situate, in the following manner:

1. MAUREEN A. HENNESSEY, EVERYTHING. TO INCLUDE HOME
2. (REDACTED), MY 401K, LIFE INSURANCE,
3. SAVINGS, CHECKING. EVERYTHING... CARS & ALL
4. PERSONAL PROPERTY.
5. MAUREEN A. HENNESSEY, ALL SHARES AND MONETARY PROFITS
6. FROM MACKEE, INC., A COMPANY OWNED BY MARY BETH MCINTYRE.

Testator's Initials

6.

7.

IN WITNESS WHERE OF, I have hereunto set my hand this 15 day of December, 2011, to this my Last Will and Testament.

Mary Beth McIntyre  
Testator's Signature

WITNESSED:

This Last Will and Testament of MARY BETH MCINTYRE was signed and declared to be the Signatory's Last Will and Testament in our presence and at the Signatory's request and in the Signatory's presence and in the presence of each other, we do hereby witness same on this 15TH day of DEC, 2011.

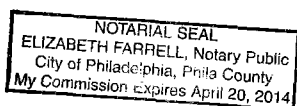
ACKNOWLEDGEMENT

STATE OF: Penn

Date: 12/15/11

COUNTY OF: Phila

Before me, the undersigned Notary Public, personally appeared the above Signatory and Witnesses, respectively, known to me or satisfactorily proven to be the person whose names are subscribed to this instrument, These persons, being duly sworn, did hereby declare that Signatory signed and executed this instrument as Signatory's Last Will and Testament and had signed willingly or directed another to sign and executed it as Signatory's free and voluntary act for the purposes therein expressed, and that each of the Witnesses, in the presence of Signatory, signed this Last Will and Testament as witnesses and that to the best of their knowledge, Signatory was at the time an adult, of sound mind and under no constraint or undue influence. This instrument was subscribed, sworn and acknowledged before me.



Elizabeth Farrell  
Notary Public

My Commission Expires: 04/20/14

An attorney should be consulted on all important issues, including the preparation of any legal form. Neither the publisher nor retailer of this form accepts liability, loss, or damage in connection to the use of this form. No representations or warranties express or implied are made with respect to this form. LOUISIANA RESIDENTS SHOULD CONSULT AN ATTORNEY BEFORE PREPARING A WILL.

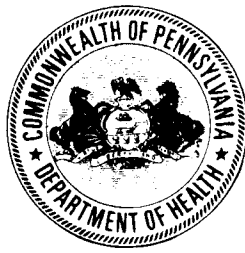


## EXHIBIT PX-29-I

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 19503233

Certification Number

Edmund Winton 46427

MAY 20 2013

Local Registrar

Date Issued

Type/Print in  
Permanent  
Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

## CERTIFICATE OF DEATH

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix) <b>MARY ELIZABETH McINTYRE</b>		2. Sex <b>F</b>		3. Social Security Number <b>[REDACTED]</b>		4. Date of Death (Mo/Day/Yr) (Spell Mo) <b>MAY 18, 2013</b>			
5a. Age-Last Birthday (Yrs) <b>55</b>		5b. Under 1 Year Months _____ Days _____		5c. Under 1 Day Hours _____ Minutes _____		6. Date of Birth (Mo/Day/Year) (Spell Month) <b>DECEMBER 28, 1957</b>			
7a. Birthplace (City and State or Foreign Country) <b>PHILADELPHIA PA</b>		7b. Birthplace (County) <b>PHILADELPHIA</b>		8. Residence (State or Foreign Country) <b>PA</b>					
8a. Residence (City) <b>PHILADELPHIA</b>		8b. Residence (Street and Number - Include Apt No.) <b>[REDACTED]</b>		8c. Residence (Zip Code) <b>[REDACTED]</b>		9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married		11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>EVE M. [REDACTED]</b>		12. Father's Name (First, Middle, Last, Suffix) <b>EDWARD J. McINTYRE</b>					
13. Mother's Name Prior to First Marriage (First, Middle, Last) <b>EVE M. [REDACTED]</b>		14a. Informant's Name <b>MAUREEN A. HENNESSEY</b>		14b. Relationship to Decedent <b>PARTNER</b>		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) <b>[REDACTED]</b>			
15a. Place of Death (Check only one) <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home		15b. Facility Name (If not institution, give street and number) <b>[REDACTED]</b>		15c. City or Town, State, and Zip Code <b>PHILA. PA [REDACTED]</b>		15d. County of Death <b>PHILADELPHIA</b>			
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		16b. Date of Disposition <b>MAY 20, 2013</b>		16c. Place of Disposition (Name of cemetery, crematory, or other place) <b>IVY HILL CEMETERY</b>		16d. Location of Disposition (City or Town, State, and Zip) <b>PHILA. PA 19150</b>			
17a. Signature of Funeral Service Licensee or Person in Charge of Interment <b>Joseph A. Quinn Jr.</b>		17b. License Number <b>FD-011892 L</b>		17c. Name and Complete Address of Funeral Facility <b>JOSEPH A. QUINN INC. 5358 ROOSEVELT BLVD. PHILA. PA 19124</b>		18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)			
19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____		21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <b>C.I.E.O.</b>		22b. Kind of Business/Industry <b>FINANCIAL SERVICES</b>	
23a. Date of Death (Mo/Day/Yr) <b>5/18/2013</b>		23b. Signature of Person Pronouncing Death (Only when applicable) <b>[Signature]</b>		23c. License Number <b>586650</b>		23d. Date Signed (Mo/Day/Yr) <b>5/18/2013</b>			
24. Time of Death <b>0215</b>		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. 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. <b>Non-Small Cell Lung Cancer</b> Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):					
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset to Death <b>3 1/2 yrs.</b>			
29. 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 42 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month)			
33. Time of Injury		34. Place of Injury (e.g. home; construction site; farm; school)		35. Location of Injury (Street and Number, City, County, State, Zip Code)		36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred:		39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <b>Dr. N. 39th St. MAB 103A Philadelphia PA 19104</b>		39c. Date Signed (Mo/Day/Yr) <b>5/20/13</b>		40. Registrar's District Number <b>46427</b>		41. Registrar's Signature <b>Edmund Winton</b>			
42. Registrar File Date (Mo/Day/Yr) <b>MAY 20, 2013</b>		43. Amendments		44. Disposition Permit No. <b>0901340</b>					

Disposition Permit No. 0901340

H105-143  
REV 07/2012

CONFIDENTIAL

HENNESSEY000135

**EXHIBIT PX-29-J**

**REV-1500**

Bureau of Individual Taxes  
PO BOX 280601  
Harrisburg, PA 17128-0601

**OFFICIAL USE ONLY**

County Code Year File Number

**INHERITANCE TAX RETURN  
RESIDENT DECEDENT**

**ENTER DECEDENT INFORMATION BELOW**

Social Security Number Date of Death MMDDYYYY Date of Birth MMDDYYYY  
[REDACTED] 051813 [REDACTED]

Decedent's Last Name Suffix Decedent's First Name MI  
MCINTYRE MARY ELIZABETH

**(If Applicable) Enter Surviving Spouse's Information Below**

Spouse's Last Name Suffix Spouse's First Name MI

Spouse's Social Security Number

**THIS RETURN MUST BE FILED IN DUPLICATE WITH THE  
REGISTER OF WILLS**

**FILL IN APPROPRIATE BOXES BELOW**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. Original Return                                 | <input type="checkbox"/> 2. Supplemental Return  | <input type="checkbox"/> 3. Remainder Return (date of death Prior to 12-13-82)       |
| <input type="checkbox"/> 4. Agriculture Exemption (date of death on or after 7-1-2012) | <input type="checkbox"/> 5. Future Interest Compromise (date of death after 12-12-82)  | <input type="checkbox"/> 6. Federal Estate Tax Return Required                       |
| <input checked="" type="checkbox"/> 7. Decedent Died Testate (Attach copy of will.)    | <input type="checkbox"/> 8. Decedent Maintained a Living Trust (Attach copy of trust.) | <u>0</u> 9. Total Number of Safe Deposit Boxes                                       |
| <input type="checkbox"/> 10. Litigation Proceeds Received                              | <input type="checkbox"/> 11. No Taxable Asset Return                                   | <input type="checkbox"/> 12. Election to Tax under Sec. 9113(A) (Attach Schedule O.) |

**CORRESPONDENT - THIS SECTION MUST BE COMPLETED. ALL CORRESPONDENCE AND CONFIDENTIAL TAX INFORMATION SHOULD BE DIRECTED TO:**  
Name Daytime Telephone Number

ANTHONY MASCUILLI CPA

856-755-1880

First Line of Address

MASCUILLI & ASSOCIATES

Second Line of Address

2201 ROUTE 38 STE 103

City or Post Office

State ZIP Code

CHERRY HILL

NJ 08002

REGISTER OF WILLS USE ONLY							
DATE FILED							

REGISTER OF WILLS USE ONLY

DATE FILED STAMP

Correspondent's email address:

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer other than the personal representative is based on all information of which preparer has any knowledge.

SIGNATURE OF PERSON RESPONSIBLE FOR FILING RETURN

DATE

ADDRESS

SIGNATURE OF PREPARER OTHER THAN REPRESENTATIVE

DATE

ADDRESS

**PLEASE USE ORIGINAL FORM ONLY**

Side 1

REV-1500 EX

Decedent's Social Security Number

Decedent's Name **ESTATE OF MARY ELIZABETH MCINTYRE****RECAPITULATION**

1. Real Estate (Schedule A) . . . . .	1.	
2. Stocks and Bonds (Schedule B) . . . . .	2.	
3. Closely Held Corporation, Partnership or Sole-Proprietorship (Schedule C) . . . . .	3.	00
4. Mortgages and Notes Receivable (Schedule D) . . . . .	4.	
5. Cash, Bank Deposits and Miscellaneous Personal Property (Schedule E) . . . . .	5.	00
6. Jointly Owned Property (Schedule F) <input type="checkbox"/> Separate Billing Requested . . . . .	6.	00
7. Inter-Vivos Transfers & Miscellaneous Non-Probate Property (Schedule G) <input type="checkbox"/> Separate Billing Requested . . . . .	7.	
8. <b>Total Gross Assets</b> (total Lines 1 through 7) . . . . .	8.	00
9. Funeral Expenses and Administrative Costs (Schedule H) . . . . .	9.	00
10. Debts of Decedent, Mortgage Liabilities, and Liens (Schedule I) . . . . .	10.	00
11. <b>Total Deductions</b> (total Lines 9 and 10) . . . . .	11.	00
12. <b>Net Value of Estate</b> (Line 8 minus Line 11) . . . . .	12.	81327 00
13. Charitable and Governmental Bequests/Sec 9113 Trusts for which an election to tax has not been made (Schedule J) . . . . .	13.	
14. <b>Net Value Subject to Tax</b> (Line 12 minus Line 13) . . . . .	14.	81327 00

**TAX CALCULATION - SEE INSTRUCTIONS FOR APPLICABLE RATES**

15. Amount of Line 14 taxable at the spousal tax rate, or transfers under Sec. 9116 (a)(1.2) X .0 ____	15.	
16. Amount of Line 14 taxable at lineal rate X .0 ____	16.	
17. Amount of Line 14 taxable at sibling rate X .12 ____	17.	
18. Amount of Line 14 taxable at collateral rate X .15	18.	81327 00
19. <b>TAX DUE</b> . . . . .	19.	12199 00

20. **FILL IN THE BOX IF YOU ARE REQUESTING A REFUND OF AN OVERPAYMENT**☐

Side 2

**Decedent's Complete Address:**

DECEDENT'S NAME <b>MARY ELIZABETH MCINTYRE</b>		
STREET ADDRESS [REDACTED]		
CITY <b>PHILADELPHIA</b>		
STATE <b>PA</b>		ZIP [REDACTED]

**Tax Payments and Credits:**

- |   |                             |       |
|---|-----------------------------|-------|
| 1. Tax Due (Page 2, Line 19)  | (1)                         | 12199 |
| 2. Credits/Payments   |                             |       |
| A. Prior Payments   |                             |       |
| B. Discount   |                             |       |
|   | Total Credits ( A + B ) (2) |       |
| 3. Interest   | (3)                         |       |
| 4. If Line 2 is greater than Line 1 + Line 3, enter the difference. This is the <b>OVERPAYMENT</b> .<br>Fill in box on Page 2, Line 20 to request a refund. | (4)                         |       |
| 5. If Line 1 + Line 3 is greater than Line 2, enter the difference. This is the <b>TAX DUE</b> .  | (5)                         | 12199 |

Make check payable to: REGISTER OF WILLS, AGENT.

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE BLOCKS**

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Did decedent make a transfer and:  |                                     |                                     |
| a. retain the use or income of the property transferred . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. retain the right to designate who shall use the property transferred or its income . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. retain a reversionary interest . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. receive the promise for life of either payments, benefits or care? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. If death occurred after Dec. 12, 1982, did decedent transfer property within one year of death without receiving adequate consideration? . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Did decedent own an "in trust for" or payable-upon-death bank account or security at his or her death?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Did decedent own an individual retirement account, annuity or other non-probate property, which contains a beneficiary designation? . . . . .      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST COMPLETE SCHEDULE G AND FILE IT AS PART OF THE RETURN.**

For dates of death on or after July 1, 1994, and before Jan. 1, 1995, the tax rate imposed on the net value of transfers to or for the use of the surviving spouse is 3 percent [72 P.S. §9116 (a) (1.1) (i)].

For dates of death on or after Jan. 1, 1995, the tax rate imposed on the net value of transfers to or for the use of the surviving spouse is 0 percent [72 P.S. §9116 (a) (1.1) (ii)]. The statute does not exempt a transfer to a surviving spouse from tax, and the statutory requirements for disclosure of assets and filing a tax return are still applicable even if the surviving spouse is the only beneficiary.

For dates of death on or after July 1, 2000:

- The tax rate imposed on the net value of transfers from a deceased child 21 years of age or younger at death to or for the use of a natural parent, an adoptive parent or a stepparent of the child is 0 percent [72 P.S. §9116(a)(1.2)].
- The tax rate imposed on the net value of transfers to or for the use of the decedent's lineal beneficiaries is 4.5 percent, except as noted in [72 P.S. §9116(a)(1)].
- The tax rate imposed on the net value of transfers to or for the use of the decedent's siblings is 12 percent [72 P.S. §9116(a)(1.3)]. A sibling is defined, under Section 9102, as an individual who has at least one parent in common with the decedent, whether by blood or adoption.

**EXHIBIT PX-29-K**

MAUREEN HENNESSEY  
MARY BETH MCINTYRE

60-878/313

6556

Date 2-18-14

Pay to the  
Order of

Register of Wills, Agent \$ 12,199.00  
Twelve Thousand One Hundred Ninety Nine Dollars

Security Features  
Included  
Details on Back.

NATIONAL PENN BANK  
WWW.NATPENN.BANK.COM  
800-822-3321

For

Maureen Hennessey MP

PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS



## EXHIBIT PX-29-L

**THIS INDENTURE** Made the 15<sup>th</sup> day of  
*December* in the year of our Lord two thousand and eleven (2011).

**BETWEEN** **MARY BETH MCINTYRE**

(hereinafter called the Grantor ), of the one part, and

**MARY BETH MCINTYRE AND MAUREEN HENNESSEY, Joint tenants with  
rights of survivorship**

(hereinafter call the Grantee s), of the other part.

**WITNESSETH** That the said Grantor for and in consideration of the sum of **ONE DOLLAR (\$1.00)** lawful money of the Unites States of America, unto her well and truly paid by the said Grantees, at or before the sealing and delivery hereof, the receipt whereof is hereby acknowledged, has granted, bargained and sold, released and confirmed, and by these presents does grant bargain and sell, release and confirm unto the Grantees their heirs and assigns.

Transfer from Life Partner to Life Partners.



Page: 1 of 5  
01/06/2012 09:20AM

This Document Recorded  
01/06/2012 State RTT: 842.33  
09:20AM Local RTT: 0.00 Rec Fee: 200.00  
Doc Code: D Commissioner of Records, City of Philadelphia

**TOGETHER** with all and singular the buildings, improvements, ways, streets, alleys, driveways, passages, waters, water-courses, rights, liberties, privileges, hereditaments and appurtenances, whatsoever unto the hereby granted premises belonging, or in any wise appertaining, and the reversions and remainders, rents, issues, and profits thereof, and all the estate, right, title, interest, property, claim and demand whatsoever of the said grantor , as well at law as in equity, of, in, and to the same.

**TO HAVE AND TO HOLD** the said lot or piece of ground described with the buildings and improvements thereon erected, hereditaments and premises hereby granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantee s, their heirs and assigns, to and for the only proper use and behoof of the said Grantee s , their heirs and assigns forever.

**AND** the said Grantor , for herself, her heirs, executors and administrators does covenant, promise and agree, to and with the said Grantee s , ~~his/her~~ their heirs, all and singular the hereditaments and premises hereby granted or mentioned and intended so to be, with the appurtenances, unto the said Grantee s , ~~his/her~~ their heirs and assigns, against him/her/them the said Grantor and her heirs, and against all and every person and persons whomsoever lawfully claiming or to claim the same or any part thereof, by, from or under her, them or any of them, shall and will

**WARRANT and forever DEFEND.**

**IN WITNESS WHEREOF**, the party of the first part has hereunto set her hand and seal. Dated the day and year first above written.

**Sealed and Delivered**  
IN THE PRESENCE OF US

*Andrea Paul*

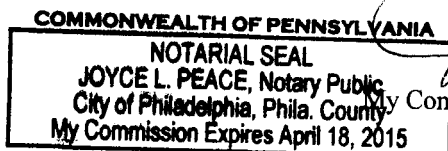
*Mary Beth McIntyre* (SEAL)  
MARY BETH MCINTYRE

\_\_\_\_\_(SEAL)

Commonwealth of Pennsylvania :  
County of Philadelphia :

On this, the 15<sup>th</sup> day of December, 2011, before me, a Notary Public for the Commonwealth of Pennsylvania, residing in the City and County of Philadelphia, the undersigned Officer, personally appeared **MARY BETH McINTYRE**, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes therein contained.

I hereunto set my hand and official seal.



*Joyce L. Peace* Notary Public  
My Commission expires: 4/18/2015