STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009394

2006 FEB -6 PM 1:43

MICHAEL A. BROWN RECORDER

Form WD-1 8/98

WARRANTY DEED

Project: CM-9945 Parcel: 3

			Page: 1 of 2	
THIS INDENTURE WITNESS	SETH, ThatCaryl L.	Malia		
the Grantor(s), of <u>Lake</u> the CITY OF HOBART, INDIANA, th Thirty and NO/100 Dollars (\$12,630.00 and \$8,405.00 represents damages) a certain Real Estate situated in the Count description attached hereto as Exhibit "A both of which exhibits are incorporated h) (of which said sum \$_and other valuable considity of LAKE, State of India and depicted upon the R	4,225.00 represederation, the receip mana, and being more	nts land and improven t of which is hereby: e particularly describ	d Six Hundred ments acquired acknowledged, ed in the legal
This conveyance is subject to any and all	easements, conditions and	restrictions of recor	d.	
The Grantor(s) hereby specifically acknowing simple and that no reversionary rights we lands of the Grantor(s), notwithstand conveyance, lease and/or transfer by the right of way, roadway or roadway approvenant running with the land and shall	natsoever shall remain with ding any subsequent abar Grantee or its successors in purtenances established the	the Grantor(s), or a adonment, vacation a title, of a portion areupon. This ack	ny successors in title i, disuse, nonuse, ch or all of the said Rea mowledgement and a	to the abutting nange of use, l Estate or any
Interests in land acquired by the City of Hobart, Indiana Grantee mailing address: 414 Main Street Hobart, IN 46342 I.C. 8-23-7-31		8959 Merri (219)		
	PE	FEB 0 6 2006 GGY HOLINGA K KE COUNTY AL	INTOH	000 Cpm
			C	4007793
		002510		000 6#001793 CDVV

Project: CM-9945 Parcel: 3 Page: 2 of 2

IN WITNESS WHEREOF, the said Grantor(s) has	executed this instrument this $\sqrt{5} \mu$ day of
Jary L. Malia (Seal)	
Signature / Caryl L. Malia	Signature
Printed Name	Printed Name
Signature (Seal)	Signature (Seal)
Printed Name	Printed Name
	sthe property of County, personally appeared Caryl L. Malia
the Grantor(s) in the above conveyance, and acknowledged the her voluntary act and deed and who, being duly sworn, s	ne execution of the same on the date aforesaid to be tated that any representations contained therein are true.
Witness my hand and Notarial Seal this 5 of Sundal Library Gundal Library Printed Name My Commission expires	Guadelupe D. Becerra Notary Public State of Indians
I am a resident of County,	Lake County My Commission Expires 09/04/2011

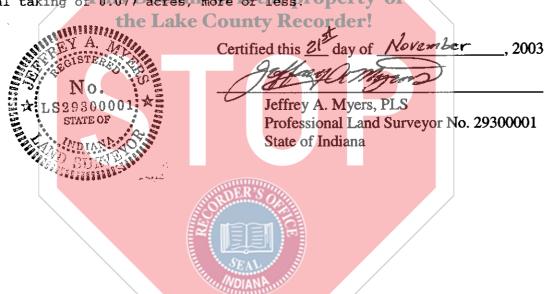
EXHIBIT "A"

COUNTY: LAKE

PAGE 1 OF 1

PARCEL: 3 FEE SIMPLE (R.E.R.)

The South 40 feet of the following described real estate: Part of the Southeast % of the Southwest % of Section 2, Township 35 North Range 8 West of the 2nd Principal Meridian, described as follows: Beginning at the Southwest corner of the Southeast % of the Southwest % of Section 2 and running thence East along the South line of said Section 110 feet; thence North 396 feet; thence West parallel with the South line of said Section 110 feet to the West line of said % %; thence South along said West line 396 feet to the place of beginning, in the City of Hobart; in Lake County, Indiana. Said South 40 feet contains 0.101 acres, more or less, inclusive of the presently existing right-of-way which contains 0.024 acres, for a net additional taking of 0.077 acres, more or less.



*PARCEL:

PROJECT: CM-9945

ROAD: **6Ist Avenue** COUNTY: LAKE

SECTION: 2

OWNER: MALIA, CARYL L.

DATED: 06/10/56 DATED: 02/80 D.R. 1035, PAGE 473 INSTRUMENT NO.: 573648

DRAWN BY: NAG 11/19/03 CHECKED BY: JAM 11/20/03

SHEET I OF I

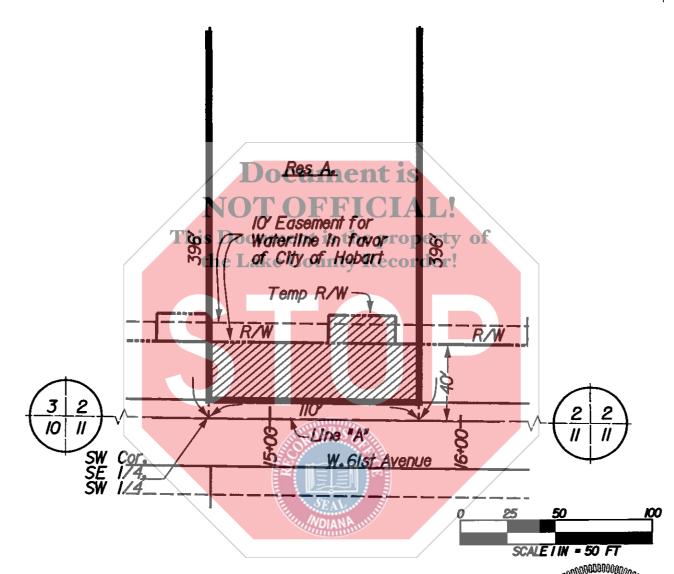
HATCHED AREA IS THE APPROXIMATE TAKING

TOWNSHIP: 35 N.

THIS PLAT WAS PREPARED FROM INFORMATION OBTAINED FROM THE RECORDER'S OFFICE AND OTHER SOURCES WHICH WERE NOT NECESSARILY CHECKED BY A FIELD SURVEY.

RANGE: 8 W.

TAX KEY NO. 27-17-0034-0025



III Monument Circle Sulte 1200

Indianapolis, IN 46204 (317) 636-4682 FAX (317) 917-5211

Certified this 21st day of November, 2003

Jeffrey A. Myers, PLS Professional Land Surveyor No. 29300001 State of Indiana

REY A. No. 529300001 STATE OF MOINE SURVE SURVE

Prescribed by the State Board of Accounts (2005) County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury: Recorder!

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant