*by

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUL 21 RM 9142
MICHAEL A. SOCVIN
PROCEDURE

WARRANTY DEED
CORDENS AND COMMENTS AND

ORDER NO. 620054218 THIS INDENTURE WITNESSETH, That DAVID A. LESSENTINE AND JENNIFER H. LESSENTING **HUSBAND AND WIFE** (Grantor) County, in the State of INDIANA CONVEY(S) AND WARRANT(S) Lake JEREMY T. HAYES AND REBECCA L. HAYES, HUSBAND AND WIFE (Grantee) of Lake County, in the State of INDIANA , for the sum of ഥ Dollars (\$ 10.00 TEN AND 00/100 and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the follow - --described real estate in Lake County, State of Indiana: ထ Lot 3 in Willow Ridge Manor, Phase One, an Addition to the Town of St. John, as per plat thereof, recorded in Har Book 67 page 42, in the Office of the Recorder of Lake County, Indiana, and also as per the Corrected Plat By Willow Ridge Manor, Phase One, an Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 68 page 45, in the Office of the Recorder of Lake County, Indiana, and further amended by a Certificate of Correction, recorded February 7, 1991 as Document No. 91006051 is the property of Subject to covenants and restrictions, easements and building lines as contained in the plat of subdivision and as contained in all other documents of record; and real estate taxes and assessments for 2004 payable in 2005 together with delinquency and penalty, if any, and all real estate taxes and assessments due and payable thereafter which the grantee herein assumes and agrees to pay. The undersigned hereby certifies that to the best of his knowledge and belief a certain Power of Attorney dated July 6,2005 and recorded 7-21-5 as document no 2005 060 78/ has not been revoked by the death of the Principal nor by voluntary revocation by the Principal Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 9502 W, 89th Avenue, St. John, Indiana 46373 Tax bills should be sent to Grantee at such address unless otherwise indicated below. IN WITNESS WHEREOF, Grantor has executed this deed this 8th day of July 2005 Grantor: (SEAL) Signature essentine <u>Lessen Piinted Jénnifer H.</u> STATE OF INDIANA attorney in fact SS: ACKNOWLEDGEMENT COUNTY OF Lake Before me, a Notary Public in and for said County and State, personally appeared DAVID A. LESSENTINE AND JENNIFER H. LESSENTINE, HUSBAND AND WIFE

STATE OF INDIANA

SS: ACKNOWLEDGEMENT

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared

DAVID A. LESSENTINE AND JENNIFER H. LESSENTINE, HUSBAND AND WIFE.

Who acknowledge the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 8th day of July

Jennifier H. Lessentine, his attorney infact My commission expires:

OCTOBER 29, 2008

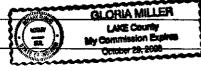
Printed GLORIA MILLER

Notary Name

Resident of LAKE

Return deed to 9502 W. 89th Avenue, St. John, Indiana 46373

Send tax bills to 9502 W. 89th Avenue, St. John, Indiana 46373



Morning of July Entered FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUL 2 0 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

04138

County, Indiana.



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:

- 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.

Prepared for recording by Chicago Title Insurance Company
By By Bana Mesque
Signature of Declarant

Barbara Megquier

Printed Name of Declarant