## WARRANTY DEED

THIS INDENTURE WITNESSETH, That Harvest Homes, LLC ("Grantor"), a Indiana Limited Liability Company and existing under the laws of the State of Indiana CONVEYS AND WARRANTS to Dale E. Wiersbe and Beth E. Wiersbe, Husband and Wife, of Lake County, in the State of Indiana, for the sum of \$10.00 Dollars and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

Lot 238 in Lake Hills Re-subdivision Unit 1, an Addition to the Town St. John, as per plat thereof, recorded in Plat Book 96, Page 40, in the Office of the Recorder of Lake County, Indiana.

Subject to any and all easements, agreements and restrictions of record.

The undersigned person(s) executing this deed on behalf of Grantor represent and certify that they are duly authorized members or managers of Grantor and have been fully empowered by Harvest Homes LLC to execute and deliver this deed; that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done

IN WITNESS WHEREOF, Grantor has caused this deed to be ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER executed this 13th day of March, 2006 ounty Recorder!

**GRANTORS:** 

**Harvest Homes LLC** 

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Desiree Andresen, Jr. Accountant STATE OF INDIANA:

COUNTY OF PORTER:

Before me, a Notary Public in and for said County and State, personally appeared Desiree Andresen, respectively of Harvest Homes, LLC who acknowledged execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein contained are true. Witness my hand and Notarial Seal this 13th day of March, 2006

My Commission Expires: אוניים Signature Crystal J. Balon

Residing in Porter County, IN This Instrument Prepared By: Scott Jones

Send Tax Bills To: 8916 Crooked Bend, St. John, IN 463

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Property Address: 8916 Crooked Bend, St. John, IN 46373

TICOR TITLE INSURANCE Valparaiso, IN 46383 920061781

Notary Publifier County

My Commission Expires October 26, 2007

SEAL

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:
- I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
  I have redacted, to the extent permitted by law, each Social Security number in the attached document.
- document.
- I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Kathleen M. Arcus, Ticor Ti Printed Name of Declarant Ins. Co. <u>Ticor Ti</u>tle