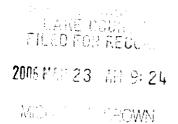
2006 023825



Mail tax bills to: 8834 Baring Que.
Munstay In. 46321

WARRANTY DEED

THIS INDENTURE WITNESSETH, That **THEODORE J. MUTA AND CHERYL L. MUTA, HUSBAND AND WIFE, GRANTORS,** OF LAKE COUNTY, IN THE STATE OF INDIANA, CONVEY(S) AND WARRANT(S) TO:

DAVID A. NEWTON AND ANDREA K. NEWTON, HUSBAND AND WIFE, GRANTEES.

in consideration of the One-Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate:

Lot 8 in Hill and Vale Estates 2nd Addition to Munster, as per plat thereof, recorded in Plat Book 33 page 97, in the Office of the Recorder of Lake County, Indiana.

Key No.: 28-211-8

Subject to unpaid taxes and assessments, if any, defects in locations or measurements ascertainable only by survey, building lines, highways, streets, alleys, easements, covenants, conditions and restrictions of record.

THEODORE J. MUTA

March

200 6

CHERYLL. MUTA

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 17th ay of March, 2006 personally appeared: THEODORE J. MUTA AND CHERYL L. MUTA and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission expires: 5/16/09

Signature

Resident of:

Lake County

Printed Corina Castel Ramos Notary Public

This instrument prepared by: THOMAS L. KIRSCH, 131 RIDGE RD. MUNSTER, IN 46321, Attorney at Law

CORINA CASTEL RAMOS
Lake County
My Commission Expires
May 16, 2009

0602021RT Region/Ticor Highland

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAR 2 2 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR les

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

Declaration

Document is

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).

This Document is the property of I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby 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.

Signature of Declarant

Verified for recording by Ticor Title

Corina Castel Ramos

Printed Name of Declarant