ELECTER SECOND

2008 064191

20th SEP 12 Att 9:37

## (GRANTEE MAILING ADDRESS)

MICHAEL A. BROWN RECORDER

Mail Tax Bills To:

Tax Key No. 45-11-16-202-009.000-036

1651 Terrace Drive, Schererville, IN 46375

WARRANTY DEED

THIS INDENTURE WITNESSETH THAT:

Gerald W. Doctor and Theresa J. Doctor, husband and wife

of Lake County in the State of Indiana

CONVEY AND WARRANT TO:

Benjamin Boggs and Brianne L. Boggs,

husband and wife

of Lake County in the State of Indiana

for and in consideration of Ten Dollars and other good and valuable consideration the receipt of whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

Lot 43 in Schererville Terrace Third Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 36 page 63, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1651 Terrace Drive, Schererville, Indiana

## the Lake County Recorder!

Subject To:

- 1. Taxes for 2007 payable 2008 and subsequent years.
- 2. Covenants, conditions, and restrictions contained in the plat of Schererville Terrace Third Addition, recorded in Plat Book 36 page
- 3. Rights or claims of parties in possession not shown by the public records.
- 4. Easements for ditches, drains, laterals, and drain tile, if any.
- 5. Encroachments, overlaps, boundary line disputes, or other matters which would be disclosed by an accurate survey or inspection of the premises.

  FINAL ACCEPTANCE FOR TRANSFER

. SEP 1 0 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

014925

928-5085 TICOR SO

6. Highways, easements, right-of-ways, and restrictions of record, if any.
Dated this 4h day of August, 2008.  Theresa I Doctor
Gerald W. Doctor Theresa J. Doc <b>t</b> or
STATE OF INDIANA ) ) SS: COUNTY OF LAKE )
Before me, the undersigned, a Notary Public in and for said County and State, this 4 day of August, 2008 personally appeared: Gerald W. Doctor and Theresa J. Doctor and acknowledged the execution of the foregoing Warranty Deed
In witness whereof, I have hereunto subscribed my name and affixed my official seal.
Susan Miedema  Notary Public  My Commission Expires: 8-7-14  My Commission Expires: Lake
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by Yaw
THIS INSTRUMENT PREPARED BY: MICHAEL L. MUENICH, Attorney at Law 3235 - 45th Street, Suite 304 Highland, Indiana 46322 219/922-4141