

2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 078789

2008 NOV 18 PM 4:14

MICHAEL A. BROWN  
RECORDER

Tax Add: 628 North Shelby Place, Hobart, IN 46342

**CORPORATE WARRANTY DEED**

**THIS INDENTURE WITNESSETH**, That **DEKALB COUNTY MARKETING SERVICES, INC.** ("Grantor"), a corporation organized and existing under the laws of the State of Illinois, **CONVEYS AND WARRANTS** to **SOUTHLAKE CENTER FOR MENTAL HEALTH** of Lake County, in the State of Indiana, for the sum of Ten Dollars (\$10.00) 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 4 in Pokagon Heights, Unit No. 2, as per plat thereof, recorded in Plat Book 42, Page 9, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 628 North Shelby Place, Hobart, IN 46342  
Tax Parcel No. 45-09-28-127-002.000-018

Subject to:

1. The terms, covenants, conditions and limitations in any instrument of record, affecting the use or occupancy of said real estate.
2. Existing tenancies.
3. Taxes for the year 2007 and subsequent years.
4. All liens and encumbrances created by or against the grantees herein.
5. Buildings lines and easements of record.

That the Grantor certifies that there is no Gross Income Tax due and owing by reason of this conveyance.

Grantee Address: Southlake Center for Mental Health  
Send Tax Statements to: 8555 Taff St. Merrillville, IN 46410

The undersigned persons executing this deed on behalf of Grantor represent and certify that they are duly elected officers of Grantor and have been fully empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed; that Grantor has full corporate capacity to convey the real estate described herein; and that all necessary corporate action for the making of such conveyance has been taken and done.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

NOV 18 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Hold for:  
Residential Title

BTS  
CK-7150  
18  
MB

017882

IN WITNESS WHEREOF, Grantor has caused this deed to be executed this 30<sup>th</sup> day of October, 2008.

(SEAL) ATTEST:

DEKALB COUNTY MARKETING SERVICES, INC.

BY: \_\_\_\_\_  
Signature

BY: [Signature]  
Signature

\_\_\_\_\_  
Printed Name and Office

DAVID LILOVICH PRES.  
Printed Name and Office

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared David Lilovich and \_\_\_\_\_, the \_\_\_\_\_ and \_\_\_\_\_, respectively of DEKALB COUNTY MARKETING SERVICES, INC., 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 30<sup>th</sup> day of October, 2008.

My Commission Expires 1-9-12  
County of Residence LAKE

OFFICIAL SEAL  
CLAUDIA GADDOY  
NOTARY PUBLIC  
STATE OF INDIANA  
MY COMMISSION EXPIRES 1/19/12

[Signature]  
NOTARY PUBLIC (Signature)  
Claudia Gadoy  
NOTARY PUBLIC (Printed Name)

THIS INSTRUMENT PREPARED BY:

ROBERT L. MEINZER, JR. #9132-45  
MEINZER & BABINEAUX, Attorneys at Law  
9190 Wicker Avenue, P. O. Box 111  
St. John, IN 46373-0111  
(219) 365-4321 Fax: 365-9510

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 law.

[Signature]  
Robert L. Meinzer, Jr., Attorney at Law