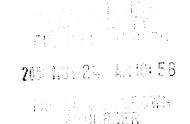
2008 079993



45-11-13-454-018.000-036

WARRANTY DEED

THIS INDENTURE WITNESSETH, That MARY BETH O'SULLIVAN, GRANTORS of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to SCOTT A. LOVE AND MARIA M. LOVE, HUSBAND AND WIFE, of LAKE County in the State of INDIANA, as GRANTEES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 57 IN FOXWOOD ESTATES, UNIT 2, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 69 PAGE 17, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 5337 MOUNT DRIVE., SCHERERVILLE, IN 46375

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2007 TAXES PAYABLE 2008, 2008 TAXES PAYABLE 2009, AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.

Dated this <u>1aTH</u> day of <u>NOVEMBER</u> , 20 <u>08</u> .	
Mary Beth O'Sullivan	
MARY BETH O'SULLIVAN	
Document	is
STATE OF INDIANA COUNTY OF LAKE SS: NOT OFFICI	21
Before me, the undersigned, a Notary Public in and for said County and State, this	14TH day of NOVEMBER 20.08 personally
appeared: MARY BETH O'SULLIVAN, and acknowledged the execution of the f	foregoing deed. In witness whereof, I have hereunted
subscribed my name and affixed my official seal.	corcer:
Ka a	1000
My commission expires: Signature	in Cally
Resident of County Printed	, Notary Public
This instrument prepared by: PATRICK J. McMANAMA, Attorney at La No legal opinion given to Grantor. All informations	ti <mark>on used</mark> in
preparation of document was supplied by title co	ompany.
Return Deed To: GRANTEES Grantee's street or rural route address: 5337 MOUNT DRIVE, SCHERERVILLE, I Send Tax Bills To: GRANTEES - 5337 MOUNT DRIVE, SCHERERVILLE, IN 4	
Less was dead on the first factor of the first	
I affirm, under the penalties for perjury, that I have taken reasonable care to document unless required by law.	redact each Social Security number in this
document unless required by law.	11
Signature of Preparer	16- 1P
Musen Craia	LT LT
Name of Preparer	
	Cin
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BULY ENTERED FOR TAXATION SUBJECT TO SINAL ACCEPTANCE FOR TRANSFER

NOV 1 3 2008

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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