

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 021916

2009 APR -6 AM 11:01

MICHAEL A. BROWN  
RECORDER

Tax No. 45-11-23-252-006.000-036

**WARRANTY DEED**

THIS INDENTURE WITNESSETH, That **JOHN W. DORSCH** and **ROBYN L. DORSCH, HUSBAND AND WIFE** GRANTOR of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to **TIMOTHY M. O'ROURKE** 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 23, IN PLAT OF CORRECTION HARVEST MANOR, UNIT NO 1, SECTION NO 2, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 50, PAGE 46, AS AMENDED BY PLAT OF CORRECTION RECORDED IN PLAT BOOK 55, PAGE 48, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

COMMONLY KNOWN AS: 1350 Autumn Dr., Crown Point, Indiana 46307

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2008 TAXES PAYABLE 2009, 2009 TAXES PAYABLE 2010 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

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

Dated this 25<sup>TH</sup> day of MARCH, 2009.

  
JOHN W. DORSCH

  
ROBYN L. DORSCH

STATE OF INDIANA,  
COUNTY OF PORTER SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 25<sup>TH</sup> day of MARCH, 2009, personally appeared: **JOHN W. DORSCH** and **ROBYN L. DORSCH**, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

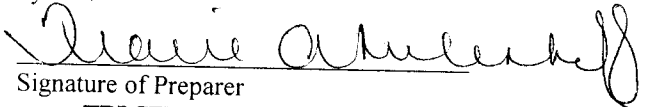
My commission expires: 01/12/16  
Resident of PORTER County

Signature   
Printed TRACIE A. MILENKOFF, Notary Public

This instrument prepared by: **PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45**  
No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

RETURN DEED TO: **GRANTEE - 1350 Autumn Dr., Crown Point, Indiana 46307**  
GRANTEE'S STREET OR RURAL ROUTE ADDRESS: **1350 Autumn Dr., Crown Point, Indiana 46307**  
SEND TAX BILLS TO: **GRANTEE - 1350 Autumn Dr., Crown Point, Indiana 46307**

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 of Preparer  
TRACIE A. MILENKOFF  
Name of Preparer

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

MAR 31 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY  
FILE NO L46731

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