Recording Marks

2009 022090

STARE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 APR -7 AM 9: 11

MICHAEL A. BROWN RECORDER

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR - 3 2009

**PEGGY HOLINGA KATONA** LAKE COUNTY AUDITOR

Mail Tax Bills To:

550 N. KINGSBURY ST

UNIT 409

CHICAGO, IL

Return To:

Document 15 William P. Heuring WWH MY COVEN TO

xHoppantx broditana x40042

TRUSTEE 550 N. KINGSBURY ST, UNIT 409 Conveyance for No Considera THIS INDENTURE WITNESSETH, that? ke County Recorder!

ELIN J. CHRISTIANSON as Trustee of the Elin J. Christianson Trust created under the provisions of a certain trust agreement dated October 7, 1988, of Lake County, Indiana (Grantor)

Releases and quitclaims to

for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, State of Indiana: SEE ATTACHED LEGAL "EXHIBIT A"

West, along the East time to the total days of the total days of the total days of the East time to take deorge thence North 71 to take deorge thence North 72 to take deorge the North 72 to take deorge t

Said real estate is depicted on the diagram in the attached Rider as "Parcel A."

Page 1 of 2

TICOR - HOBART 920091896

| Common Address: Part of 141 Beverly Boulevard, Hobart, Indiana 46342<br>Key No. 27-18-0220-0010 (portion) 45-09-31-231-010-00-018<br>Address of Grantee: 175 Beverly Boulevard, Hobart, Indiana 46342 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN WITNESS WHEREOF, Grantor has executed this deed on this day of day of                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                       | ELIN J. CHRISTIANSON TRUST (Grantor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                       | By: Christianson, Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF INDIANA )                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ) ss:<br>LAKE COUNTY )                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ELIN J. CHRISTIANSON, a person know instrument, who acknowledged execution a stated therein.  IN WITNESS WHEREOF, I have a person know instrument, who acknowledged execution a stated therein.       | otary Public in and for said county and state, appeared, in to me, and the Trustee of the Grantor in the above of same on behalf of said Trust for the uses and purposes affixed my signature and official seal on this 23rd day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| the La                                                                                                                                                                                                | ke County Recor STEPHANIE M. SEGNERI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Somme M Some                                                                                                                                                                                          | NOTARY PUBLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Notary Public                                                                                                                                                                                         | STATE OF INDIANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name Printed: Symme M. Say                                                                                                                                                                            | My Commission Expires March 26, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Commission Expires: Manch 207                                                                                                                                                                         | County of Residence: \\ \( \)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| I affirm under the penalty for perjury that this document unless required by law. Anthony De                                                                                                          | I have taken reasonable care to redact each Social Security number in eBonis, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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This Instrument prepared by Anthony DeBonis, Jr., Attorney at Law, SMITH & DeBONIS, LLC, 9696 Gordon Drive, Highland, Indiana 46322, (219) 922-1000

No: 920091896

## LEGAL DESCRIPTION

Parcel 1: Lot 11 in Block 7 in Villa Shores First Addition to Hobart, as per plat thereof, recorded in Plat Book 25 page 4, in the Office of the Recorder of Lake County, Indiana.

Parcel 2: Part of Lot 10 in Block 7 in Villa Shores First Addition to Hobart, as per plat thereof, recorded in Plat Book 25, page 4, in the Office of the Recorder of Lake County, Indiana, described as follows: Beginning at the Northeast corner of said Lot 10; thence South 14 degrees 00 minutes 00 seconds West, along the East line of said Lot 10, 154.56 feet to Lake George; thence North 71 degrees 06 minutes 44 seconds West, along Lake George, 8.65 feet; thence North 17 degrees 12 minutes 26 seconds East, 154.07 feet to the place of beginning.

