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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 022225

2009 APR -7 AM 9:39

Grantees Mailing address
Tax Statement address
6721 Forestdale Ave
Hammond, IN 46323

MICHAEL A. BROWN
RECORDER

SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH, That Household Finance Corporation III ("Grantor"), grants, conveys, bargains and sells to Barbara Ann Rutherford, of Lake County ("Grantee"), for the sum of One Dollars (\$1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, State of Indiana.

Lot 26, in Block 2, Forestdale, in the City of Hammond, as per plat thereof, recorded in Plat Book 20, page 16, in the Office of the Recorder of Lake County Indiana.

Subject to easements, rights-of-way, covenants, and restrictions of record.

**More Commonly Known As: 6721 Forestdale Avenue, Hammond, IN 46323
Parcel #45-07-08-277-009.000-023**

Subject to any and all easements and other matters of record; subject to the lien for real property taxes not delinquent; and subject to rights of way for roads and such matters as delinquent; and subject to rights of way for roads and such matters as would be disclosed by an accurate survey and inspection of the real estate.

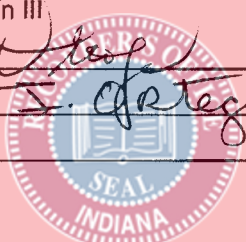
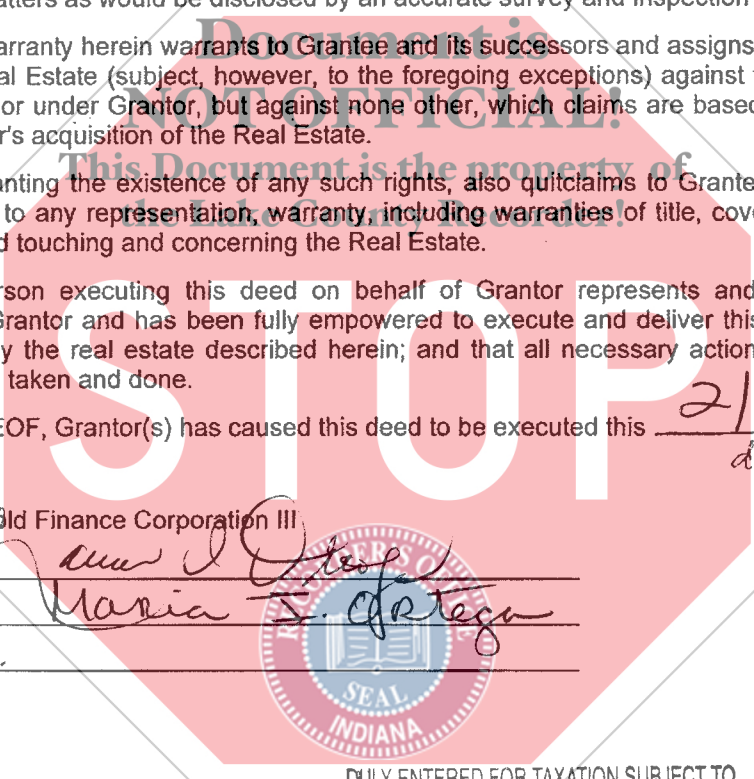
Grantor, as its sole warranty herein warrants to Grantee and its successors and assigns, that Grantor will forever defend title to the Real Estate (subject, however, to the foregoing exceptions) against the claims of all persons claiming, by through, or under Grantor, but against none other, which claims are based upon matters occurring subsequent to Grantor's acquisition of the Real Estate.

Grantor without warranting the existence of any such rights, also quitclaims to Grantee any right Grantor may possess with respect to any representation, warranty, including warranties of title, covenant or other obligation running to Grantor and touching and concerning the Real Estate.

The undersigned person executing this deed on behalf of Grantor represents and certifies that he is an authorized agent of Grantor and has been fully empowered to execute and deliver this deed; that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

IN WITNESS WHEREOF, Grantor(s) has caused this deed to be executed this 2/16/09 date

GRANTOR: Household Finance Corporation III
BY: Maria S. Ortega
PRINTED: _____
TITLE: _____



STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SS: APR - 2 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR (2008-0800.PFD/2008-0800/61)

002363

✓ # 21452
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AB 10V

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

On 2/16/09 before me, Tami Flores, Notary

personally appeared Maria I. Ortega

Instrument prepared by: Candace L Broedy

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.

Angele Herkender
(name printed, stamped or signed)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Tami Flores
Signature of Notary Public

Document is NOT OFFICIAL!
This Document is the property of the L.A. Recorder!
OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

RIGHT THUMBPRINT OF SIGNER

Top of thumb here