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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 OCT 15 PM 12: 42

MICHELLE REAJMAN RECORDER

	Recording requested by: <u>Fernando H. Riv</u> era	Space above reserved for use by Recorder's Office	
	When recorded, mail to:	Document prepared by:	
		Name FLORDELIZA RIVERA	
	Address: 440 Scarborough Rd	Address 440 SCHRBOROUGH PR	
/	City/State/Zip: Valparaiso, IN 46385	Address 440 SCHRBOROUGH RC City/State/Zip Valgarass IN 46355	
	Property Tax Parcel/Account Number: 45-09-16-157-0	27	

Warranty Deed

This Warranty Deed is made on Oct. 08, 2010	, between Fernando H	. Rivera	M.D.,Inç	Pension
Plan Grantor, of 440 Scarborough Rd				
Valparaiso , State of <u>Indian</u>	na, an	d E		
Martin Camacho Sr. , Grantee, of	2772 State St			
, City of Lake Station,			15 2010	
For valuable consideration, the Grantor hereby sells, grantor		DEGGY I	HOLINGA K QWPATY _{es} au	ATONA IDITOR
tate, in fee simple, to the Grantee to have and hold fore	ver, along with all easemer	its, rignts, ai	ia bunanigs	
belonging to the described property, located at _3511_3	airview	0'	55450	
, City of Lake Station.	, State of Indiana		:	
PARCEL 1: West 110 feet of that part of Loway line of the Gary Connecting Railway Connecting Railway Connecting 7 West of the Second Principal Meric PARCEL 2: East 55 feet of the West165feet Section 16, Township 36 North Range 7 West The Grantor warrants that it is lawful owner and has ful	ot 10,1ying South of ompany, in Section 1 lian in Lake County, of that part of Lot of the Second Princ oright to convey the prope	the Sout 6,Townshi Indiana. 10,1ying ipal Mari	p 36,Nort South, i	in
is free from all claims, liabilities, or indebtedness, and t	hat the Grantor and its suc	cessors will	warrant and	
defend title to the Grantee against the lawful claims of	all persons. Taxes for the t	ax year of 2	1010_shall	Į
be prorated between the Grantor and Grantee as of the	late of recording of this de	ed.		cs

★NOVALF602 Warranty Deed Pg.1 (07-09)

es 1800 Bos

Dated:October 08,2010				
2 m				
Signature of Grantor				
Fernando H. Rivera M.D. Inc Pension Plan				
Name of Grantor				
Lauren E.				
Signature of Witness #1 Printed Name of Witnes	SS #1			
Signature of Witness #2 Signature of Witness #2 Signature of Witness #2 Printed Name of Witness	enson es #2			
Osignature of Williams 1/2				
State ofIndiana County ofLake				
On October 08,2010 , the Grantor, Fernando H. Rivera M.D. ,				
personally came before me and, being duly sworn, did state and prove that he/she is the person described				
in the above document and that he/she signed the above document in my presence.				
Paul Brian Winds PAUL BRIAN				
Notary Signature /				
Notary Public, In and for the County of LAKE State of /NO/A	ANA			
In and for the County of	Seal			
1				
Send all tax statements to Grantee. "I AFFIRM, UNDER THE PENALTIES FOR	PAUL BRIAN MISKUS Porter County My Commission Expires June 14, 2013			
PERJURY, THAT I HAVE TAKEN REASON- ABLE CARE TO REDACT EACH SOCIAL				