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MICHAEL J. SWAN
RECORDER

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, That **DeMotte State Bank**, as Trustee under the terms and provisions of a certain Trust Agreement, known as DeMotte State Bank Trust #144, does hereby grant, bargain, sell and convey to **Edward J. Hein**, for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following legally described real estate in Lake County, in the State of Indiana:

Parcel 1: The East Half of the Northwest Quarter of Section 21, Township 33 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana;

EXCEPTING THEREFROM: Part of the East Half of the Northwest Quarter of Section 21, Township 33 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows:

Commencing at the Southeast corner of said Northwest Quarter; thence North 01 degree 25 minutes 41 seconds West along the East line of said Northwest Quarter a distance of 105.00 feet to the Point of Beginning; thence continue North 01 degree 25 minutes 41 seconds West along the East line of said Northwest Quarter a distance of 266.00 feet; thence South 88 degrees 34 minutes 19 seconds West a distance of 300.00 feet; thence South 01 degree 25 minutes 41 seconds East parallel with said East line a distance of 266.00 feet; thence North 88 degrees 34 minutes 19 seconds East a distance of 300.00 feet to the Point of Beginning.

State Parcel Number: 45-20-21-100-011-000-007
45-20-21-100-012-000-007
45-20-21-100-013-000-007
Address: 17510 Apr. Harrison St., Lowell, IN 46356

Parcel 2: The North 30 acres of the Northeast Quarter of the Southwest Quarter of Section 21, Township 33 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana.

State Parcel Number: 45-20-21-326-001-000-007
45-20-21-326-002-000-007
Address: 17510 Apr. Harrison St., Lowell, IN 46356

Subject to all taxes, zoning requirements, easements and restrictions of record.

The undersigned person executing this deed represents and certifies on behalf of the Trustee, that the undersigned has been fully empowered to execute and deliver this deed; and that this deed is executed pursuant to, and in the exercise of, the power and authority granted to and vested in the said Trustee by the terms of said Deed or Deeds in Trust delivered to said Trustee in pursuance of the aforesaid Trust Agreement, and subject to all restrictions of record.

This conveyance by the Trustee is a warranty only as against the Trustee's acts as Trustee and the acts of those acting under it and through it as Trustee. Any recourse under this deed shall be against the trust estate only, and not against the Trustee individually.

IN WITNESS WHEREOF, The said Trustee has caused this deed to be executed by and through its Trust Officer this 19th day of April, 2010.

DEMOTTE STATE BANK, as Trustee

By: Barbara A. Campbell
Barbara A. Campbell
Vice-President, Trust Officer

AMOUNT \$ 18-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK RW

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

DEC 21 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005518

STATE OF INDIANA)
) SS:
COUNTY OF JASPER)

Before me, a Notary Public in and for said County and State, personally appeared Barbara A. Campbell, who represented herself to be the Vice-President and Trust Officer of DeMotte State Bank and who acknowledged the execution of the foregoing Trustee's Deed, and who having been duly sworn, stated that the representations contained therein are true.

Witness my hand and Notarial Seal this 19th day of April, 2010.

Printed Notary Name: Mari Ann Sopicich
County of Residence: Jasper
Commission Expires: 3/22/2014



Mari Ann Sopicich
Notary Public

↓
Tax Statement Address: 2009 E. 121st Ave., Crown Point, IN 46307
If above address is not Grantee's address or is Grantee's Post Office Box address, then Grantee's street or rural route address is: _____

"I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law."
EJ

Printed Name: _____

This instrument prepared by: **Attorney Robert J. Gabrielse** [#7026-37]
109 South Halleck St., P.O. Box 292, DeMotte, Indiana 46310, Phone (219) 987-4550 Fax (219) 987-4560