

**PERSONAL REPRESENTATIVE'S DEED**

*TAX No. 44-12-13-400-004.000-046*

**KAREN BRAMMER**, as Personal Representative of the Unsupervised Estate of **VIOLET A. BAURLE**, deceased, filed in the Lake Circuit Court in Crown Point, Indiana, as Estate Number 45C01-1008-EU-00169, pursuant to her power under Indiana law, conveys to **THE GENE AND CAROLYN JONES LIVING TRUST, DATED JULY 18, 2000, AND ANY AMENDMENTS THERETO** of Lake County, Indiana, for and in consideration of the sum of One Hundred Fifty Thousand Dollars (\$150,000), the receipt of which is hereby acknowledged, the following described real estate situated in Lake County, Indiana, to-wit:

**THE NORTH HALF (N 1/2) OF THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION THIRTEEN (13), TOWNSHIP THIRTY-FIVE (35) NORTH, RANGE EIGHT (8) WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA.**

IN WITNESS WHEREOF, the said **KAREN BRAMMER**, as Personal Representative of the Unsupervised Estate of **VIOLET A. BAURLE**, has hereunto set her hand and seal this 23 day of March, 2011.

*Karen Brammer, Personal Representative*

**KAREN BRAMMER**, Personal Representative of the Unsupervised Estate of **VIOLET A. BAURLE**

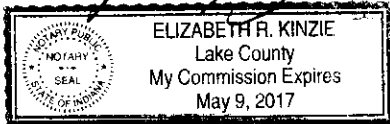
STATE OF INDIANA )  
COUNTY OF Lake ) SS:

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **KAREN BRAMMER**, as Personal Representative of the Unsupervised Estate of **VIOLET A. BAURLE**, and acknowledged the execution of the said Deed to be her voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 23 day of March, 2011.

My Commission Expires: 5/9/17  
County of Residence: Lake

*[Signature]*, Notary Public



This instrument prepared by: **PATRICK J. McMANAMA, Attorney at Law, ID No. 953445**  
No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

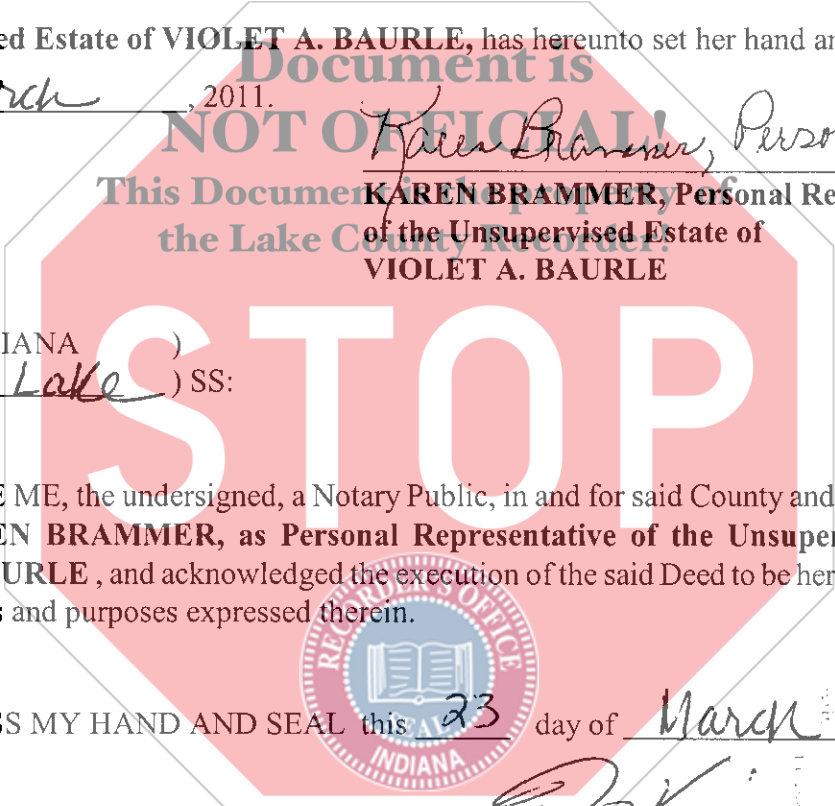
PEGGY HOLINGA KATONA

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]*  
Signature of Preparer  
**ELIZABETH R KINZIE**  
Name of Preparer

COMMUNITY TITLE COMPANY  
FILE NO. L 44468  
170  
CM  
001131  
AW  
AW  
CM

Grantee + Tax mailing address -  
8704 Windy Hill Ct  
Holbert, IN 46342



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