

2011 075050

2011 DEC 28 AM 10:15

MICHELLE H. FAJMAN  
RECORDER

Tax ID No.  
03-07-0005-0043  
45-16-07-126-004.000-041

**WARRANTY DEED**

**THIS INDENTURE WITNESSETH THAT**

Sandra L. Horst

*S.O*  
K/In/A Sandra L. Oliver

**CONVEY(S) AND WARRANT(S) TO**

John R. Petrovic and Anita Lynn Petrovic, Husband and Wife, for Ten Dollars and other valuable consideration the receipt whereof is hereby acknowledged, the following described REAL ESTATE in Lake County, in the State of Indiana, to wit:

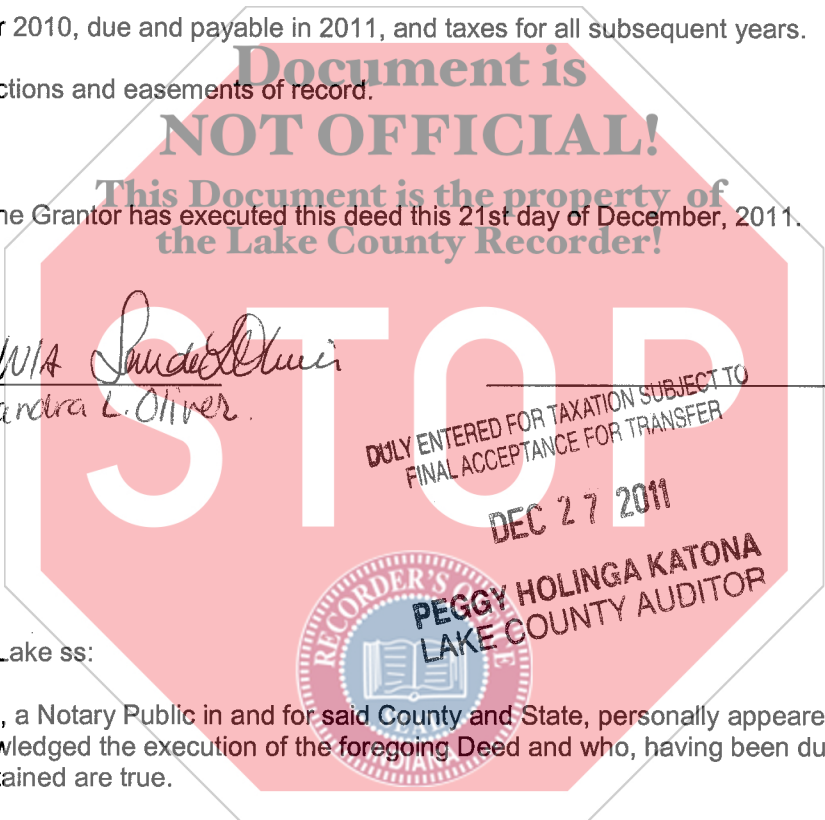
The South 160 feet of the North 373.12 feet of the East 180 feet of the Northeast Quarter of the Northwest Quarter of Section 7, Township 34 North, Range 8 West of the Second Principal Meridian, in Lake County Indiana.

Subject to taxes for the year 2010, due and payable in 2011, and taxes for all subsequent years.

Subject to covenants, restrictions and easements of record.

IN WITNESS WHEREOF, the Grantor has executed this deed this 21st day of December, 2011.

*Sandra L. Horst K/In/A Sandra L. Oliver*  
Sandra L. Horst K/In/A Sandra L. Oliver



State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Sandra L. Horst who acknowledged the execution of the foregoing Deed and who, having been duly sworn, stated that the representations therein contained are true.

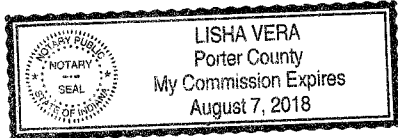
WITNESS, my hand and Seal this 21st day of December, 2011.

My Commission Expires: \_\_\_\_\_

*[Signature]*  
Signature of Notary Public

Printed Name of Notary Public \_\_\_\_\_

Notary Public County and State of Residence \_\_\_\_\_



This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
10914 Whitcomb Street, Crown Point, IN 46307

**Grantee's Address and Mail Tax Statements To:**  
10914 Whitcomb Street  
Crown Point, IN 46307

File No.: 11-20822

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. \_\_\_\_\_ Lisha Vera \_\_\_\_\_ (Type or Print Name)

*#16*  
*MT*  
*CA*

*1*

**030205**

**HOLD FOR MERIDIAN TITLE**