



Tax: I.D. no. 45-07-16-228-026.000-023

THIS INDENTURE WITNESSETH, That RACHEL S. DISHMON, GRANTORS of ROCKINGHAM County on the State of NORTH CAROLINA, CONVEYS AND WARRANTS to KENNETH E. DISHMON, of LAKE County in the State of INDIANA, as GRANTEES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

\* AVENUE LOT 5 IN PARRISH THIRD SUBDIVISION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED MAY 29, 1952 IN PLAT BOOK 29 PAGE 48, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. COMMONLY KNOWN AS: 7332 Delaware Avenue, Hammond, IN 46323 SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2011 TAXES PAYABLE 2012, 2012 TAXES PAYABLE 2013 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER. SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY. January Document is the property ENTERCOEP RACHEL S. DISHMON the Lake County Recorder! STATE OF VIRGINIA COUNTY OF Citty (1) Before me, the undersigned, a Notary Public in and for said County and State, this 26 th day of appeared: RACHEL S. DISHMON, and acknowledged the execution of the foregoing deed. In witness where of, I have hereunto subscribed my name and affixed my official seal. My commission expires: Signature Resident of PiHsylvania County Notary Public JAMIE R. DILLION
NOTARY PUBLIC
REGISTRATION # 199648
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
DECEMBER 31, 2015 PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45 This instrument prepared by: No legal opinion given to Grantor. All information used in preparation of document was supplied by title company. RETURN DEED TO: GRANTEES GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 7332 Delaware Avenue, Hammond, IN 46323 SEND TAX BILLS TO: GRANTEES 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. NAF 010843 Signature of Preparer Printed Name of Preparer

A 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 of Preparer

Printed Name of Preparer

Printed Name of Preparer

O10843

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OCCUMENT DEING SECURITY AND SUBJECT COMMUNITY TITLE COMPANY

FEB 0 1 2012 ILE NO 1119 80

CASH CHARGE CM

CHECK # CHARGE COPY

NON-COM

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OCCUMENT AND THE COMPANY

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