LALE OF INDIANA

ANE COUNTY
FILED FOR RECORD

2012 057211

2012 AUG 23 AM 11: 29

Tax ID No JUMAN 27-18-0354-0019 45-09-28-130-011 000-018

WARRANTY DEED

THIS INDENTURE WITNESSETH THAT

Susan A Grabbe-Schmidt, formerly known as Susan A Grabbe

CONVEY(S) AND WARRANT(S) TO

Timothy D Krug, 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

Lot Numbered Forty-five (45) in Willard Heights, Unit No 4, in the City of Hobart as per plat thereof recorded in Plat Book 72, page 72 in the Office of the Recorder of Lake County, Indiana

Subject to Real Estate taxes now due and payable and thereafter 1111

Subject to covenants, restrictions and easements of record FICIAL!

This Document is the property of

IN WITNESS WHEREOF, the Grantor has executed this deed this 24th day of July, 2012

Susan A Grabbe-Schmidt

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 2 1 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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 Susan A Grabbe-Schmidt, formerly known as Susan A Grabbe 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 24th day of July, 2012

My Commission Expires

Printed Name of Notary Public

Notary Public County and State of Residence

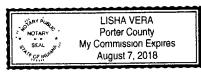
This instrument was prepared by Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S. Michigan Street, Ste. 300, South Bend, IN. 46601

Property Address 2202 East Rand Street, Hobart, IN 46342 Signature of Notary Public

Notary Porter County

My Commission Expires

August 7, 2018



Grantee's Address and Mail Tax Statements To: 2202 East Rand Street Hobart, IN 46342

File No 12-21308

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)

16-00

HOLD FOR MERIDIAN TITLE CORP

12-21308

003397

MT YN