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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 053141

2013 JUL 22 AM 9:02

MICHAEL B. BROWN
RECORDER

WARRANTY DEED

THIS INDENTURE WITNESSETH, That ADAM JANSSEN, a Single Person, Grantor, CONVEYS AND WARRANTS to CHARLES NOSICH, 632 FISHER PLACE, MUNSTER, IN 46321

for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in LAKE County, State of INDIANA:

Lot 23 in Rueth Estates 2nd Addition in Block 9, to the Town of Munster, as per plat thereof, recorded July 20, 1972 in Plat Book 43, page 57, in the Office of the Recorder of Lake County, Indiana.

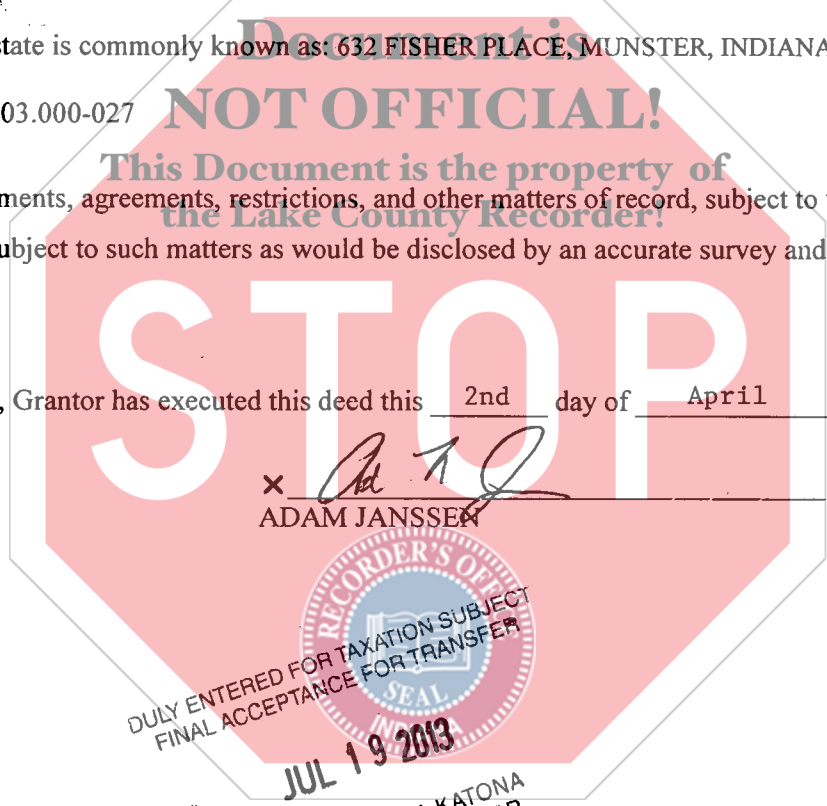
The address of such real estate is commonly known as: 632 FISHER PLACE, MUNSTER, INDIANA 46321

Tax Code: 45-06-24-480-003.000-027

Subject to any and all easements, agreements, restrictions, and other matters of record, subject to the lien for real property taxes not delinquent, and subject to such matters as would be disclosed by an accurate survey and inspection of the real estate.

IN WITNESS WHEREOF, Grantor has executed this deed this 2nd day of April, 20 13.

x 
ADAM JANSSEN



24413

JUL 19 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

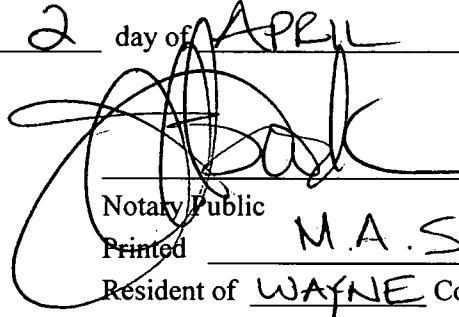
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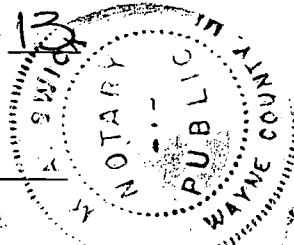
STATE OF MICHIGAN
COUNTY OF WAYNE

Before me, the undersigned, A Notary Public in and for Said County and State, personally appeared ADAM JANSSEN, A MARRIED MAN (marital status) who acknowledged the execution of the foregoing Deed, and who, having been duly sworn, states that any representations therein contained are true.

Witness my hand and Notarial Seal this 2 day of APRIL, 2013

My commission expires:
12.07.2018


Notary Public
Printed M.A. SWICK
Resident of WAYNE County, MICHIGAN



This instrument prepared by: ASSOCIATED ATTORNEY TITLE & CLOSING COMPANY, PC
290 Highland Avenue, Cheshire, CT 06410 File No. 704628

SEND TAX DUPLICATES TO: 632 Fisher Place, Munster, IN 46321

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
Print Name Adam Janssen

