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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2013 DEC -4 AM 9: 36

MICHAEL B. BROWN RECORDER

MAIL TAX BILLS TO: 101 C 50+L AUE CARY, IU46409 REAL PROPERTY ADDRESS: 161 East 50th Avenue Gary, IN 46409

STATE I.D. NO.: 45-08-34-305-014.000-004

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PERSONAL REPRESENTATIVE'S DEED

Julie Konja, as Personal Representative of the Unsupervised Estate of Sophie Babiak, deceased, which estate is pending in the Lake Circuit Court, Lake County, Indiana, Probate Division, under Cause Number 45C01-1308-EU-00147, by virtue of her power and authority granted to a personal representative under the Indiana Code proceeding under unsupervised administration, and for good and sufficient Consideration, conveys to:

the Lake County Recorder:

Henri Jean Simmons, 161 East 50th Avenue, Gary, Indiana 46409

of the County of Lake, State of Indiana, the following described real estate in Lake County, Indiana, more particularly described as follows, to-wit:

Lots Numbered 29 and 30 in Block 6 in Broadhurst Subdivision, as per plat thereof, recorded in Plat Book 19, Page 13 in the Office of the Recorder of Lake County, Indiana. Parcel No. 45-08-34-3005-014.000-004

SUBJECT TO:

All legal highways, rights-of-way, taxes payable, and easements and restrictions of record.

OULY ENTERED FOR TAXATION SUBJECTION
FINAL ACCEPTANCE FOR TRANSFER

2 2013

DEC 0 3 2013

PEGGY HOLINGA KATONA AKE COUNTY AUDITOR 006813

18.00

MT

13-44347 HOLD FOR MERIDIAN TITILE CORP

IN WITNESS WHEREOF, said Julie Konja, as Personal Representative of the Unsupervised Estate of Sophie Babiak, deceased, has hereunto set her hand and seal this 26 day of Nov. 2013. JULIE KONJA, Personal Representative of the Unsupervised Estate of Sophie Babiak STATE OF INDIANA SS: **COUNTY OF LAKE** SUBSCRIBED AND SWORN to before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Julie Konja, as Personal Representative of the Unsupervised Estate of Sophie Babiak, and acknowledged the execution of said Deed to be her voluntary act and deed for the uses and purposes expressed therein. WITNESS MY HAND AND SEAL TH County of Residence: _____ otary Public (written) My Commission Expires: 7-19-19 Notary Public (printed) 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:

This document prepared by: Frank J. Koprcina, Attorney at Law, Frank J. Koprcina & Associates, P.C., 150 E. Third Street,

Hobart, IN 46342

Frank J/Koprcina Attorneys at Law