



This instrument prepared by Thompson Smith of John Martin Smith & Thompson Smith, P.C., P. O. Box 686,  
Auburn, IN 46706. Atty. #20667-17

AFFIRMATION



I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. *Thompson Smith*

**Tax Billing Address and Grantee's Address:**

David Michaels  
4139 Wabash Avenue  
Hammond, IN 46327

