2014 000894

STATE OF INDIANALLAKE COUNTY FILED FOR RECORD 2014 JAN -9 AM 9: 12 MICHAEL B. BROWN RECORDER

SPECIAL WARRANTY DEED

This Indenture Witnesseth that HOUSEHOLD FINANCE CORPORATION III, ("Grantor"), Conveys and Specially Warrants to RONALD ADAMS SR., ("Grantee"), for the sum of Ten Dollars (\$10.00) and other good and valuable consideration the following described real estate in Lake County, State of Indiana:

Lot 13, Prairie Park, Unit No. 3, a subdivision in the City of East Chicago, as per plat thereof, recorded in Plat Book 37, page 81, in the Office of the Recorder of Lake County, Indiana.

Property Address: 2205 Cardinal Dr., East Chicago, IN 46312 (hereinafter referred to as the "Real Estate").

Grantee's Address: 2205 Cardinal Dr., East Chicago, IN 46312

Subject to current taxes not delinquent, and all easements, agreements and restrictions of record and all public right of way.

This Document is the property of It is understood and agreed by the parties hereto that the title to the Real Estate herein conveyed is warranted only insofar as it might be affected by any act of the Grantor during its ownership thereof and not otherwise.

The undersigned persons executing this deed on behalf of Grantor represent and certify that they are duly elected officers of Grantor and have been fully empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed; that Grantor has full corporate capacity to convey the real estate described herein; and that all necessary corporate action for the making of such conveyance has been taken and done.

In Witness Whereof, Grantor has executed this deed this

HOUSEHOLD FINANCE CORPORATION III

Printed:

Esther P. Roman

ILI ENTERED FOR TAXATITITIES FER

Vice President and Asst. Secretary

JAN 0 2 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

20062

F#14551

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California		
County of Los Angeles		
\mathcal{O}		
On December 04, 2013 hefore me		
On December 04, 2013 before me, (Here insert name and title of the officer)		
personally appeared ************************************		
personary appeared		
the within instrument and acknowledged to me	idence to be the person(s) whose name(s)(is/are subscribed to that he(she/they executed the same in his/hei/their authorized s) on the instrument the person(s), or the entity upon behalf of ont.	
I certify under PENALTY OF PERJURY under is true and correct.	the laws of the State of California that the foregoing paragraph	
/ <u>· · · · · · · · · · · · · · · · · · ·</u>	B. STRICKLAND	
WITNESS my hand and official seal.	Commission # 2017475 Notary Public - California	
HA HIAM	Los Angeles County My Comm. Expires Apr 29, 2017	
Signature of Notary Public	(Notary Seal)	
	nt is the property of	
the Lake County Recorder!		
ADDITIONAL O	OPTIONAL INFORMATION	
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as	
	appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a	
Title of document or description (Title or description of attached document)	document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the	
Title or description continued	verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the	
(Title or description of attached document continued)	document carefully for proper notarial wording and attach this form if required.	
Number of Pages Document Date	• State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.	
	Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.	
(Additional information)	• The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).	
	• Print the name(s) of document signer(s) who personally appear at the time of notarization.	
CAPACITY CLAIMED BY THE SIGNER	• Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. be/she/they, is /are) or circling the correct forms. Failure to correctly indicate this	
☐ Individual (s) ☐ Corporate Officer	information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.	
	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.	
(Title) □ Partner(s)	 Signature of the notary public must match the signature on file with the office of 	
☐ Attorney-in-Fact	the county clerk. Additional information is not required but could help to ensure this	
☐ Trustee(s) ☐ Other	acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.	
	Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	
	Securely attach this document to the signed document	

ACKNOWLEDGMENT

State of Califo	ornia Cornia Cor	
County of)	
On	See Attached before	re me,
	(insert name and title of the officer) personally ap	peared
is/are subscribe executed the signature(s) or	o me on the basis of satisfactory evidence to be the person(s) whose not bed to the within instrument and acknowledged to me that he/sl same in his/her/their authorized capacity(ies) and that by his/her the instrument the person(s), or the entity upon behalf of whited, executed the instrument.	ne/they er/their
I certify under the foregoing	PENALTY OF PERJURY under the laws of the State of Californ paragraph is true and correct Recorder!	ia that
	y hand and official seal.	
Signature	(Seal)	
I affirm under Security number	penalties of perjury, that I have taken reasonable care to redact each er in this document, unless required by law. Alan F. Kolb, Attorney at Law	Social
46204 Phone: (317)	repared By: Alan F. Kolb, Attorney at Law, 50 S. Meridian Street, Suite 600, Indianary 681-6090, Fax: (317) 681-6091, E-mail:alankolbets@aol.com	olis, IN