

Before me, the undersigned, a Notary Public, in and for said County and State, subscribed and sworn to before me, this 3rd day of February, 2013.

IN WITNESS WHEREOF, I have subscribed my name and affixed my official seal.

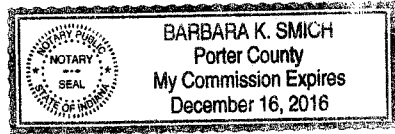
Barbara K Smich

Notary Public

12-16-16

My Commission Expires

Resident of Porter County



I affirm, under penalty for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Catherine L. Molnar-Boncela

STATE OF INDIANA)

COUNTY OF LAKE)

SS: Document is

NOT OFFICIAL! This document is the property of the Lake County Recorder!

Before me, a Notary Public in and for said County and State, personally appeared Catherine L. Molnar-Boncela who acknowledged the execution of the foregoing affirmation, and who, having been duly sworn, stated that any representations therein contained are true.

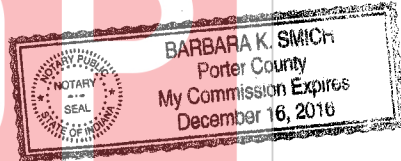
Witness my hand and Notarial Seal this 3rd day of February, 2013.

Barbara K Smich

Signature of Notary Public

Barbara K Smich

Printed Name



My commission expires: 12-16-16

Resident of Porter County, Indiana

(Note to Assessor and Treasurer: The foregoing addresses are for identification purposes only, all notices and tax statements should continue to be sent to Barbara A. Ward).

This form prepared by: Catherine Molnar-Boncela, 433 W. 84th Drive, Merrillville, IN 46410