

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 025323

2014 MAY -7 AM 8:44

MICHAEL B. BROWN  
RECORDER

**SPECIAL WARRANTY DEED**

*This Indenture Witnesseth* that **BENEFICIAL FINANCIAL I INC., successor by merger to BENEFICIAL INDIANA INC. D/B/A BENEFICIAL MORTGAGE CO.,** ("Grantor"), *Conveys and Specially Warrants* to **JIMMIE HOLLIES,** ("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 25 in Block 13 in Meadowdale Subdivision, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 31, page 52, as amended by the Plat of Correction recorded August 30, 1957 as Document Number 49912, in the Office of the Recorder of Lake County, Indiana.

**Property Address:** 1400 Orchard Dr., Merrillville, IN 46410 (hereinafter referred to as the "Real Estate").

**Grantee's Address:** 5691 Buttercup Ave., Portage, IN 46368

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

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 7 day of april, 2014.

**BENEFICIAL FINANCIAL I INC., successor by merger to BENEFICIAL INDIANA INC. D/B/A BENEFICIAL MORTGAGE CO.**

By: Rosemane Garcia  
Printed: \_\_\_\_\_  
Title: Rosemane Garcia  
Vice President and Asst. Secretary  
Administrative Services Division

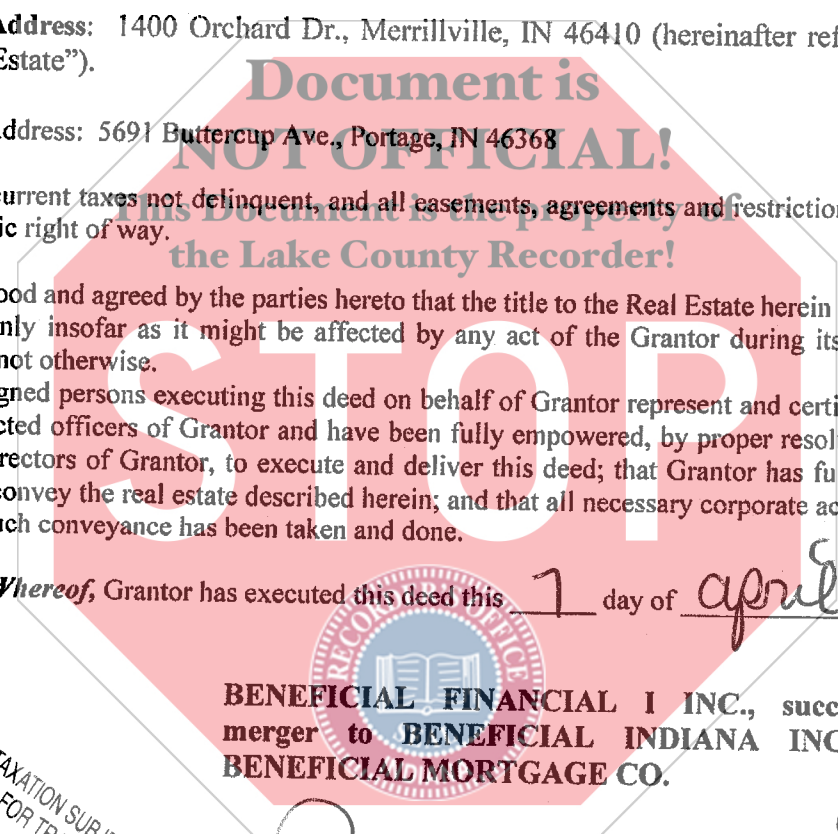
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FILED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

MAY 01 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On April 1, 2014 before me, S. Reissman, Notary Public  
(Here insert name and title of the officer)

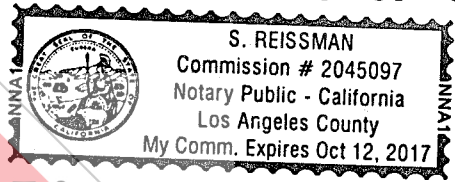
personally appeared RoseMarie Garcia

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he she they executed the same in his (her) their authorized capacity(ies), and that by his (her) their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]  
 Signature of Notary Public



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

### ADDITIONAL OPTIONAL INFORMATION

#### 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 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 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 document carefully for proper notarial wording and attach this form if required.*

- 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.
- 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.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this 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.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this 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

DESCRIPTION OF THE ATTACHED DOCUMENT	
Title of document or description <small>(Title or description of attached document)</small>	
Title or description continued <small>(Title or description of attached document continued)</small>	
Number of Pages _____	Document Date _____
<small>(Additional information)</small>	

CAPACITY CLAIMED BY THE SIGNER	
<input type="checkbox"/> Individual (s) <input type="checkbox"/> Corporate Officer _____ <small>(Title)</small>	
<input type="checkbox"/> Partner(s) <input type="checkbox"/> Attorney-in-Fact <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Other _____	

**ACKNOWLEDGMENT**

State of California  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me,

\_\_\_\_\_  
(insert name and title of the officer) personally appeared

\_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

I affirm under penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Alan F. Kolb, Attorney at Law

This Instrument Prepared By: Alan F. Kolb, Attorney at Law, 50 S. Meridian Street, Suite 600, Indianapolis, IN 46204 Phone: (317) 681-6090, Fax: (317) 681-6091, E-mail: alankolbets@aol.com

Grantee's Address/Send Tax Statements to: 5691 Buttercup Ave., Portage, IN 46368

