

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 025869

2014 MAY -8 AM 9:08

MICHAEL S. BROWN
RECORDER

CORPORATE WARRANTY DEED

THIS INDENTURE WITNESSETH, made and effective this 30th day of April, 2014, that **LINCOLNSHIRE HEALTH CARE CENTER, INC.** ("Grantor"), an Indiana corporation, GRANTS, SELLS, CONVEYS AND WARRANTS to **LINCOLNSHIRE HEALTH CARE PROPERTY, LLC**, an Indiana limited liability company ("Grantee"), for the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate (the "**Real Estate**") in Lake County, in the State of Indiana:

See attached Exhibit A.

Subject only to (a) the liens of real estate taxes not yet due and payable, (b) the rights of residents in possession and (c) those matters set forth on Exhibit B attached hereto and made a part hereof (the "**Permitted Exceptions**").

Grantor represents and warrants that this transfer, and the Real Estate which is the subject thereof, is not subject to the requirements of the Indiana Responsible Property Transfer Law, I.C. 13-7-22.5.

Grantor covenants and warrants that the Real Estate is free and clear of all liens and encumbrances other than the Permitted Exceptions and that Grantor and Grantor's successors and assigns shall warrant and defend the title to the Real Estate unto Grantee against the lawful claims and demands of all persons claiming by, through, or under the said Grantor.

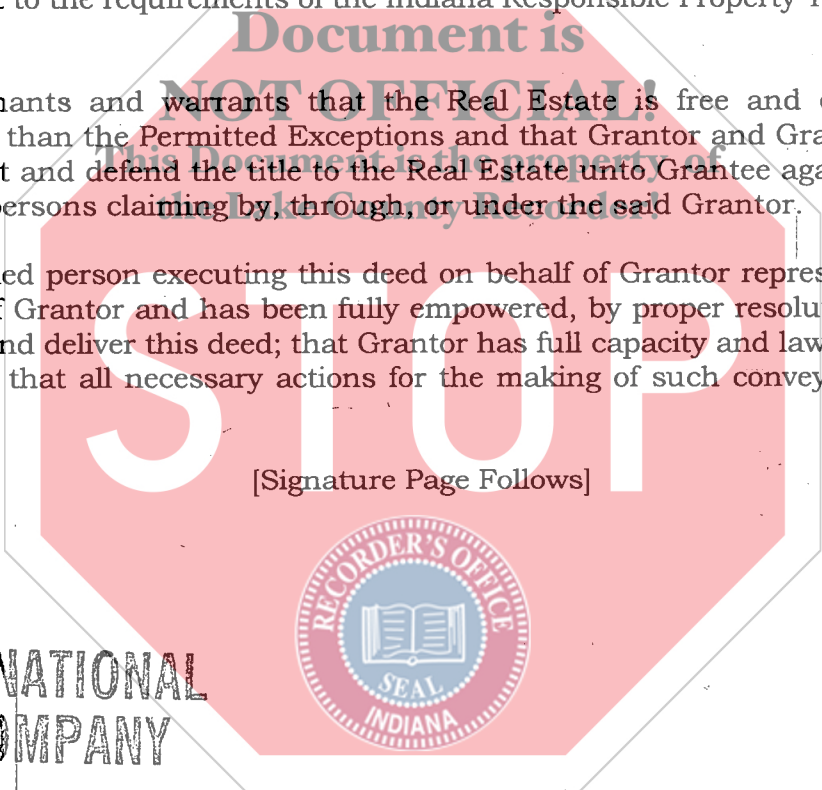
The undersigned person executing this deed on behalf of Grantor represents and certifies that he is the President of Grantor and has been fully empowered, by proper resolution of the Directors of Grantor, to execute and deliver this deed; that Grantor has full capacity and lawful authority to convey the Real Estate; and that all necessary actions for the making of such conveyance have been taken and done.

[Signature Page Follows]

**FIDELITY NATIONAL
TITLE COMPANY**

92014-0041

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DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

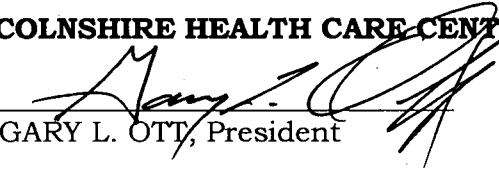
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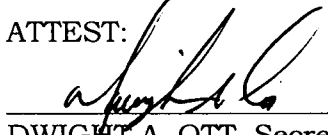
MAY 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

IN WITNESS WHEREOF, Grantor has caused this Corporate Warranty Deed to be executed as of the date first written above.

LINCOLNSHIRE HEALTH CARE CENTER, INC.

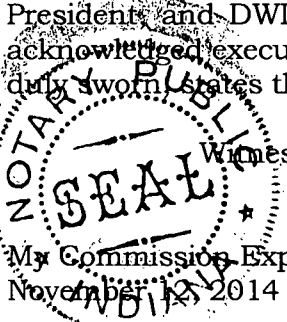
By: 
GARY L. OTT, President

ATTEST:


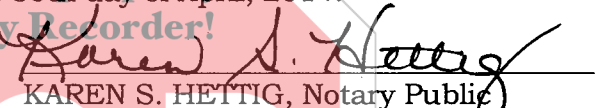
DWIGHT A. OTT, Secretary

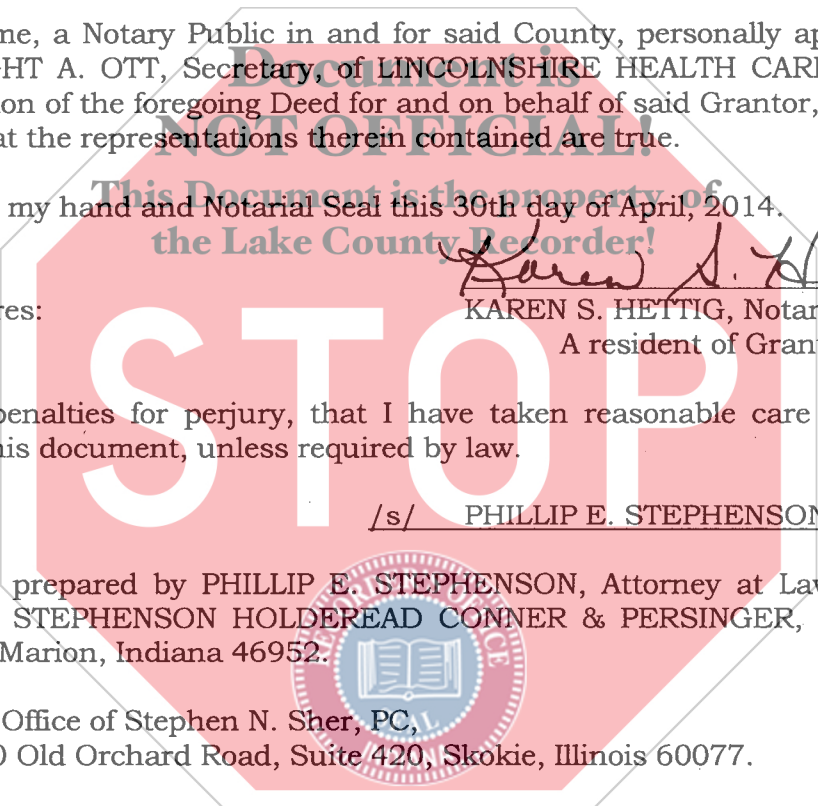
STATE OF INDIANA)
) SS:
COUNTY OF GRANT)

Before me, a Notary Public in and for said County, personally appeared GARY L. OTT, President, and DWIGHT A. OTT, Secretary, of LINCOLNSHIRE HEALTH CARE CENTER, INC., who acknowledged execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, states that the representations therein contained are true.



Witness my hand and Notarial Seal this 30th day of April, 2014.


KAREN S. HETTIG, Notary Public
A resident of Grant County, IN



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.

Date: April __, 2014 /s/ PHILLIP E. STEPHENSON

This instrument was prepared by PHILLIP E. STEPHENSON, Attorney at Law, of the Law Firm of SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER & PERSINGER, LLP, 122 East Fourth Street, P.O. Box 927, Marion, Indiana 46952.

Return deed to: Law Office of Stephen N. Sher, PC,
5750 Old Orchard Road, Suite 420, Skokie, Illinois 60077.

Grantee/Send tax statements to: Lincolnshire Health Care Property, LLC,
c/o Hunter Management, LLC,
2201 Main Street, Evanston, Illinois 60202.

{00112554 3}

EXHIBIT A

LEGAL DESCRIPTION

The North 405 Feet of Lot E Except the North 125 Feet of the West 100 Feet Thereof, Lincoln Square, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 43, page 137, in the Office of the Recorder of Lake County, Indiana.

Parcel Identification Number: 45-12-22-376-003.000-030

Property Address: 8380 Virginia Street, Merrillville, Indiana 46410



Exhibit B

Permitted Exceptions

(to be added from Title Pro Forma)

