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2014 048644

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 13 AM 10:38

MICHAEL B. BROWN  
RECORDER

Parcel ID:

45-09-17-258-010.000-021

MAIL TAX BILLS TO GRANTEE'S ADDRESS:

Northshore Health Centers  
PO Box 1430  
3207 Willowcreek Road  
Portage, Indiana 46368

WARRANTY DEED

1402 779 CM

This indenture witnessed that Fernando H. Rivera, M.D., Inc., an Indiana administratively dissolved corporation, for the purposes of winding up its affairs, pursuant to IC 23-1-45-5, does hereby convey and warrant to NORTSHORE HEALTH CENTERS, INC., of Porter County, State of Indiana, for the sum of TEN DOLLARS (\$10.00), the following described real estate in Lake County, State of Indiana, to-wit:

Lot 1, Block 1, Lake Station Addition to East Gary, as shown in Plat Book 11, Page 26, in Lake County, Indiana.

Commonly known as 3099 Central Avenue, Lake Station, Indiana 46405

Subject to current taxes and other assessments, reservations in patents and all easements, rights-of-way, encumbrances, liens, covenants, conditions, restrictions, obligations, and liabilities as may appear on record. Grantors will only warrant and forever defend the right and title to the above described property unto the said grantee against the claims of those persons claiming by, through or under Grantors, but not otherwise.

The undersigned person executing this deed on behalf of Grantor represent and certify that Dr. Fernando H. Rivera, M.D. is a duly Elected Office of Grantor and have been fully empowered, by proper Resolutions of the Board of Directors of Grantors, to execute and deliver this deed; the 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 WHITNESS WHEREOF, Grantor has executed this deed this 25<sup>th</sup> day of July, 2014.

Fernando H. Rivera, M.D., Inc.

By: [Signature]  
Dr. Fernando H. Rivera, M.D.

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DULY ENTERED FOR TAXATION PURPOSES  
FINAL ACCEPTANCE FOR TRANSFER

AUG 13 2014

25606

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR  
NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: \_\_\_\_\_

18-  
CT  
CW

1402779

CLERK OF SUPERIOR COURT

STATE OF INDIANA )  
 ) SS:  
COUNTY OF PORTER )

Before me, the undersigned, a Notary Public in and for said County and State, this 25<sup>th</sup> day of July, 2014, personally appeared, Fernando H. Rivera, M.D., Inc., and acknowledged the execution of the foregoing deed.

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

*Susan E. Schipper*

NOTARY PUBLIC Susan E. Schipper

My Commission Expires: 07/22/2022  
County of Residence: Porter County

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

This document was prepared by: Arman G Sarkisian  
Sarkisian & Fleming P.C.  
250 N Bridlewood Lane  
Valparaiso, Indiana 46385  
(312) 590 - 2732

"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."

Signed: A Sarkisian

