MAIL TAX BILLS TO: Jack and Arlene Williams 419 Clinton Street Lowell, Indiana 46356 Grantees' Address Above

2014 050752

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 22 AM 11: 59

MICHAEL B. BROWN RECORDER

TRANSFER ON DEATH DEED

JACK B. WILLIAMS and ARLENE V. WILLIAMS (the "Owners"), of Lake County, Indiana, Transfer and Quit Claim upon the Surviving Owner's Death to DAVID J. WILLIAMS and DOUGLAS L. WILLIAMS (the "Primary Beneficiaries"), equally, as Tenants in Common, the following Real Estate in Lake County, Indiana:

The South 43.78 Feet of Lot 7 in Pine Ridge Estates, an Addition to the Town of Lowell, as per plat thereof, recorded in Plat Book 81, Page 47, in the Office of the Recorder of Lake County, Indiana.

Commonly known as:

419 Clinton Street, Lowell, Indiana 46356 **KEY NO.** 45-19-24-329-030.000-008

<u>Subject To:</u> all unpaid real estate taxes and assessments for 2013 payable in 2014, and for all real estate taxes and assessments for all subsequent years.

<u>Subject To:</u> all easements, conditions, restrictions, covenants, limitations and building setback lines contained in prior instruments of record, and for all building and zoning ordinances.

If a Primary Beneficiary fails to survive the Owners, the entire interest under this Transfer on Death Deed shall be distributed to the surviving Primary Beneficiary named above. If both Primary Beneficiaries fail to the Owners, the entire interest under this Transfer on Death Deed shall be distributed to the residuary beneficiaries as set forth in Article VII of the Owners' Last Wills and Testaments dated August 15, 2014 and as admitted to Primary thick will be reference as if fully set forth herein.

Dated this 15th day of August, 2014.

AUG 2 2 2014

PEGGY HOLINGA KATONA

ARLENE V. WILLIAMS

State of Indiana

County of Lake

03785

Before me, a Notary Public in and for said County and State, on August 15, 2014, personally appeared JACK B. WILLIAMS and ARLENE V. WILLIAMS, and acknowledged execution of this Transfer of Death Deed. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Kent A. Jeffirs, Notary Public

Prepared by Attorney Kent A. Jeffirs, 104 W. Clark St., Crown Point, IN 46307. I affirm, under penalties of perjury I have taken reasonable care to redact each Social Security number on this document, unless required by law, WDIAN I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document, unless required by law, I have taken reasonable care to redact each Social Security number on this document.

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