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2015 APR -8 AM 9:45

MICHAEL B. BROWN
RECORDER

**LIMITED LIABILITY COMPANY
SPECIAL WARRANTY DEED**

TAX: I.D. NO. 45-17-16-251-016.000-044

THIS DEED made this 30 day of March, 2015 between **RELOCATION PROPERTIES MANAGEMENT, LLC**, (GRANTOR), a Limited Liability Company organized and existing under the laws of the State of **DELAWARE** for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged has granted, bargained, sold and conveyed to: **AARON L. BENDEL AND STEPHANIE A. BENDEL, HUSBAND AND WIFE**, (GRANTEES) of **LAKE** County, in the State of **INDIANA**, the following described real estate in **LAKE** County, in the State of Indiana, to-wit:

LOT 989 IN LAKES OF THE FOUR SEASONS UNIT NO. 5, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 38 PAGE 62, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: **3347 WINDY HILL ROAD, CROWN POINT, IN 46307**

The said Grantor does hereby covenant to and with the said Grantee that it is the owner in fee simple of said premises, that the same is free from encumbrances placed upon the property by the Grantor and that it will warrant and defend by, through, or under it, but not otherwise, the said title to the same against the claims of all persons whosoever. Grantor does further covenant with Grantees to warrant and defend title to the property described above against the lawful claims and demands of all persons claiming by, through or under Grantor; however, Grantor's liability or obligation pursuant to this warranty for any one claim or demand or all claims and demands in the aggregate shall in no event exceed the amount of consideration paid by Grantees as stated herein.

Except as expressly provided in the immediately preceding paragraph, GRANTOR MAKES NO REPRESENTATIONS AS TO THE PROPERTY CONVEYED HEREBY, OR ITS CONDITION, ITS MERCHANTABILITY OR ITS SUITABILITY FOR ANY PARTICULAR USE OR PURPOSE, AND GRANTEE BY ACCEPTANCE OF THIS DEED, HEREBY ACKNOWLEDGES THAT THEY HAVE BEEN GIVEN THE OPPORTUNITY TO INSPECT THE PROPERTY CONVEYED HEREBY, INCLUDING SUBSURFACE CONDITIONS, AND ACCEPT THE SAME "AS-IS". GRANTEE agrees not to make any claim against GRANTOR for diminution of the value of the property, for remediation or any contamination of the property, for loss of use of the property or for other latent or patent defect of the property.

The undersigned persons executing this Deed on behalf of the Grantor represent and certify that they have been fully empowered to execute and deliver this Deed; that the Grantor is an LLC, in good standing and has capacity to convey the real estate described herein and that all necessary action for making of such conveyance has been taken and done.

SUBJECT TO EASEMENTS, RESTRICTIONS, COVENANTS, ORDINANCES AND ZONING LAWS OF RECORD, IF ANY.

IN WITNESS WHEREOF, Grantor has caused this Deed to be executed this 30 day of March, 2015.

RELOCATION PROPERTIES MANAGEMENT, LLC

By: Michelle Y. Cox
MICHELLE Y. COX, SECRETARY/AUTHORIZED SIGNATOR

STATE OF KY
COUNTY OF Boyd } SS:

Before me, a Notary Public in and for said County and State, personally appeared **MICHELLE Y. COX, SECRETARY/AUTHORIZED SIGNATOR**, of **RELOCATION PROPERTIES MANAGEMENT, LLC** and acknowledged execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 30 day of March, 2015.

My commission expires: 8-28-17

Signature Heather A. Wallace

Resident of Greenup County

Printed Heather A. Wallace, Notary Public

This instrument prepared by **PATRICK J. McMANAMA, Attorney at Law, Identification No. 9534-45.**
No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

RETURN DEED TO: **GRANTEE**
GRANTEE'S STREET OR RURAL ROUTE ADDRESS: **3347 WINDY HILL RD, CROWN POINT, IN 46307**
SEND TAX BILLS TO: **GRANTEE**

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.

Dall

Darleen S. Birchel

Signature of Preparer

Printed Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO 157231

011346

AMOUNT \$ 17
CASH CM CHARGE CM
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF CM