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2015 APR 17 AM 9: 34

MICHAEL B. BROWN **WARRANTY DEED** RECORDER

TAX: I.D. NO. 45-15-20-401-001.000-013

Signature of Preparer

THIS INDENTURE WITNESSETH, That CALVIN KELLEY AND LINDA KELLEY, GRANTORS of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to DANIEL J. WALSH AND RAE A. WALSH, HUSBAND AND WIFE, of LAKE County in the State of INDIANA, as GRANTEES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

THE WEST 5 ACRES OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 34 NORTH, RANGE 9 WEST OF THE 2ND P.M., IN LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 11975 W 129TH AVENUE, CEDAR LAKE, IN 46303

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2014 TAXES PAYABLE 2015, 2015 TAXES PAYABLE 2016, AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

PAYABLE 2016, AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER. SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY. Dated this County Recorder! STATE OF INDIANA **COUNTY OF** _day of Before me, the undersigned, a Notary Public in and for said County and State, this appeared: CALVIN KELLEY AND LINDA KELLEY, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. County TAXATION

DULY ENTERED FOR TAXATION

DULY ENTERED FOR TAXATION My commission expires: Notary Public Resident of DAALEEN S. BIHCHEL Lake County STATE OF hereunto subscribed my name and affixed my official seal. My commission expires: Signature Printed Notary Public Resident of County PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45 This instrument prepared by: COMMUNITY IITLE COMPANY No legal opinion given to Grantor. All information used in preparation of document was supplied by title company. FILE NO I RETURN DEED TO: GRANTEES GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 11975 W 129TH AVENUE, CEDAR LAKE, IN 46303 SEND TAX BILLS TO: GRANTEES 011188 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document unléss required by law.