STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 031846

2015 MAY 22 PM 2: 09

TRUSTEE'S DEED

MICHAEL B. BROWN RECORDER

TAX: I.D. NO. 45-16-17-126-014.000-042

THIS INDENTURE WITNESSETH, That MARYLYN A. ROSENCRANZ, TRUSTEE OF THE MARYLYN A. ROSENCRANZ LIVING TRUST U/T/A DATED MAY 6, 1991, (GRANTOR, of LAKE County in the State of INDIANA, CONVEYS to MARYLYN A. ROSENCRANZ, (GRANTEE) of LAKE County in the State of INDIANA, 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:

LOT 12, BLOCK 1, PARK VIEW, IN THE CITY OF CROWN POINT, AS SHOWN IN PLAT BOOK 27, PAGE 67 IN LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 785 WILLIAMS DRIVE, CROWN POINT, IN 46307

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

SUBJECT TO EASEMENTS, RESTRIC IONS AND COVENANTS OF RECORD, IF ANY. CCORDANCE WITH AND PURSUANT TO, AGREEMENT UNDER WHICH TITLE TO THE GRANTOR CERTIFIES TH THE TERMS AND PROVISIONS OF THE AUTHORITY TO EXECUTE THIS DEED AS OF THE DATE OF EXECUTION. DULY ENTERED FOR TAXATION SUBJECT the Lake County Recorder! FINAL ACCEPTANCE FOR TRANSFER MARYLYNA. ROSENĆRANZ, TRÚSTEE STATE OF INDIANA COUNTY OF LAKE TAKE COUNTY day of subscribed my name and affixed my official seal. My commission expired Signature Resident of Lace , Notary Public ELIZABETH'A. KINZIE STATE OF _____, COUNTY OF_ Łake County My Commission Expires May 0 Before me, the undersigned, a Notary Public in and for said County and Stiffe, this and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires:_ Signature _ Resident of County Printed , Notary Public PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45 No legal opinion given to Grantor. All information used in 012327 preparation of document was supplied by title company.

This instrument prepared by:

RETURN DEED TO: **GRANTEE**

GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 785 WILLIAMS DRIVE, 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.

Signature of Preparer

Printed Name of Preparer

COMMUNITY TITLE COMPANY FILE NO 15"