

Mail tax bills:  
P.O. BOX 352  
LOWELL, IN 46356

PARCEL NO. 45-15-33-481-016.000-014

**TRUSTEE'S DEED**

*1502046*

THIS INDENTURE WITNESSETH **KIM ARNOLD, TRUSTEE OF A TRUST AGREEMENT DATED FEBRUARY 21, 2006 AND KNOWN AS TRUST NO. 1545-06**, does hereby grant, bargain, sell and convey to:

**LIFEHOUSE HOMES, LLC**

of LAKE County, State of Indiana, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is acknowledged, the following described real estate in LAKE County, Indiana to wit:

LOT 43, IN LYNNSWAY, UNIT 2 AN ADDITION TO THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 98 PAGE 28 AND AS AMENDED IN PLAT BOOK 102 PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

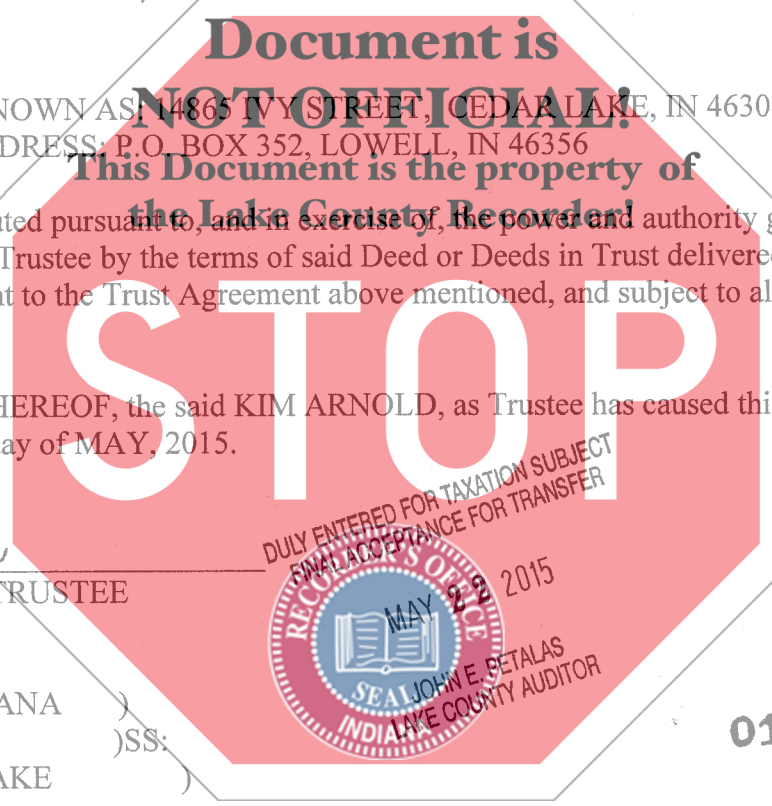
COMMONLY KNOWN AS 14865 IVY STREET, CEDAR LAKE, IN 46303  
GRANTEE'S ADDRESS: P.O. BOX 352, LOWELL, IN 46356

This deed is executed pursuant to, and in exercise of, the power and authority granted to and vested in the said Trustee by the terms of said Deed or Deeds in Trust delivered to the said Trustee in pursuant to the Trust Agreement above mentioned, and subject to all restrictions of record.

IN WITNESS WHEREOF, the said KIM ARNOLD, as Trustee has caused this Deed to be signed this 14 day of MAY, 2015.

*[Signature]*  
KIM ARNOLD, TRUSTEE

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B. BROWN  
RECORDER  
MAY 26 AM 10:20  
012358

Chicago Title Insurance Company

Before me, a Notary Public in and for said County and State, this 11 day of MAY, 2015 personally appeared KIM ARNOLD, as Trustee, who acknowledged the execution of the foregoing instrument as her free and voluntary act.

Given under my hand and notarial seal this 11 day of MAY, 2015.

My Commission expires: 4-10-2023

*[Signature]*  
SUSAN M. DOWNING Notary Public

County of Residence: LAKE

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.

RICHARD A. ZUNICA  
THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law  
162 Washington Street, Lowell IN 46356

*B17*  
*CT*  
*CA*  
*NON*  
*conf*