LAKECOURTY FILED FOR RECORD

2015 OCT -9 AM | |: 10

MICHAEL B. BROWN RECORDER

INDIANA

FHA Loan No.: 151-7140788703

CORPORATE SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH, that Bank of America, N.A. ("Grantor"), a National Association organized and existing under the laws of the United States, CONVEYS AND WARRANTS to The Secretary of Housing and Urban Development of Washington, D.C., whose address is c/o Golden Feather Realty Services, Inc., 180 North LaSalle Street, Suite 1900, Chicago, Illinois 60601; and its successors in such office, as such, as its assigns, for the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, Indiana:

Land situated in the County of Lake, State of Indiana, is described as follows:

Lot 28 in Fifield's Forest Hills Addition, in the Town of Mercillville, as per plat thereof, Recorded July 5, 1940 in Plat Book 25 Page 3, in the Office of the Recorder of Lake County Indiana. Beautiful This Document is the property of

More commonly known as: 47 hour Prail, Merricon 11 46410 Parcel #45-12-15-378-006.000-030

Grantor warrants as to its own acts only, and not further or otherwise. Grantor thus warrants the title to said property against the lawful claims of any and all persons claiming or to claim the same or any part thereof by, through or under Grantor.

The undersigned persons executing this deed on behalf of Grantor represent and certify that they are duly elected officers of Grantor and have been full empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed; that Grantor has full corporate capacity to convey the real estate described herein; and that all necessary corporate action for the making of such conveyance has been taken and done.

10-10699 47 Indian Trail, Merrillville, IN 46410 Corporate special Warranty Deed

> **DULY ENTERED FOR TAXATION SUBJECT** FINAL ACCEPTANCE FOR TRANSFER

> > OCT 06 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR 22161

-01 JOE WM #226067

FHA Loan No.: 151-7140788703

OCIOSEN WITNESS WHEREOF, Grantor has caused this Deed to be executed this day of 2013.
CC OSCA, 2013.
POA-204058 073 712917
ATTEST: Bank of America, N.A.by Carrington Mortgage Services,
LLC as Attorney-in-Fact
Grep Schieppy and By. Am CA/
Suplansepuling ops By: In Control Sup of Details
Tom Croft, SVP of Deraut
STATE OF
COUNTY OF SDocument is
NOTOFFICIALL
Before me, a Notary Public in and for said County and State, personally appeared
Before me, a Notary Public in and for said County and State, personally appeared and of Bank of America,
N.A. by Carrington Mortgage Services LlaCas Attorneytip-Fact who stated that the representations therein
contained are true.
Witness my hand and Notarial Seal this day of, 2013.
My Commission Expires: Signature:
Printed:
Notary Public
My County of Residence:
My County of Residence:
This instrument was prepared by Phillip A. Norman, Esq., 2110 Calumet Avenue, Valparaiso, IN 46383;
Telephone: (219) 462-5104. RE: Timothy J. Crzechowski
Total (215) 102 510 1. Ital. Thirting J. Oraconto and
Return deed to: Phillip A. Norman, Esq., 2110 Calumet Avenue, Valparaiso, IN 46383 Telephone: (219) 462-
5104.
Send tax statement to Grantee's mailing address: Department of Housing and Urban Development, c/o Golden
Feather Realty Services, Inc., 180 North LaSalle Street, Suite 1900, Chicago, Illinois 60601.

10-10699 47 Indian Trail, Merrillville, IN 46410 Corporate special Warranty Deed

CALIFORNIA ALL – PURPOSE

CERTIFICATE OF ACKNOWLEDGMENT

State of California County of Orange On October \$12013, before me, Vajraporn Tasukon _____, Notary Public, personally appeared, Tom Croft and Greg Schleppy, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(jes), and that by his/her/their signature(s) on the instrument the person(y), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and defici VAJRAPORN TASUKON Commission # 1929951 Notary Public - California **Orange County** Signature Comm. Expires Mar 25, 2015 INSTRUCTIONS FOR COMPLETING THIS FORM acknowledgment completed in California must contain verbiage exactly as ears above in the notary section or a separate acknowledgment form must be perly completed and attached to that document. The only exception is if a ument is to be recorded outside of California. In such instances, any alternative nowledgment verbiage as may be printed on such a document so long as the DESCRIPTION OF THE ATTACHED DOCUMENT 700004477 rbiage does not require the notary to do something that is illegal for a notary in difornia (i.e. certifying the authorized capacity of the signer). Please check the oper notarial wording and attach this form if required. Number of Pages Document Date signer(s) personally appeared before the notary public for acknowledgment.

Let's of notarization must be the date that the signer(s) personally appeared which has also be the same date the acknowledgment is completed. he doray public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).

In the name(s) of document signer(s) who personally appear at the time of (Additional information) CAPACITY CLAIMED BY THE SIGNER gular or plural forms by crossing off incorrect forms (i.e. ey. is /are) or circling the correct forms. Failure to correctly indicate this Individual (s) may lead to rejection of document recording. he notary seal impression must be clear and photographically reproducible, impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of artner(s) Attorney-in-Fact Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. ☐ Trustee(s) Indicate title or type of attached document, number of pages and date. ☐ Other Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document