

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 070409

2015 OCT 16 AM 10:06

MICHAEL B. BROWN
RECORDER

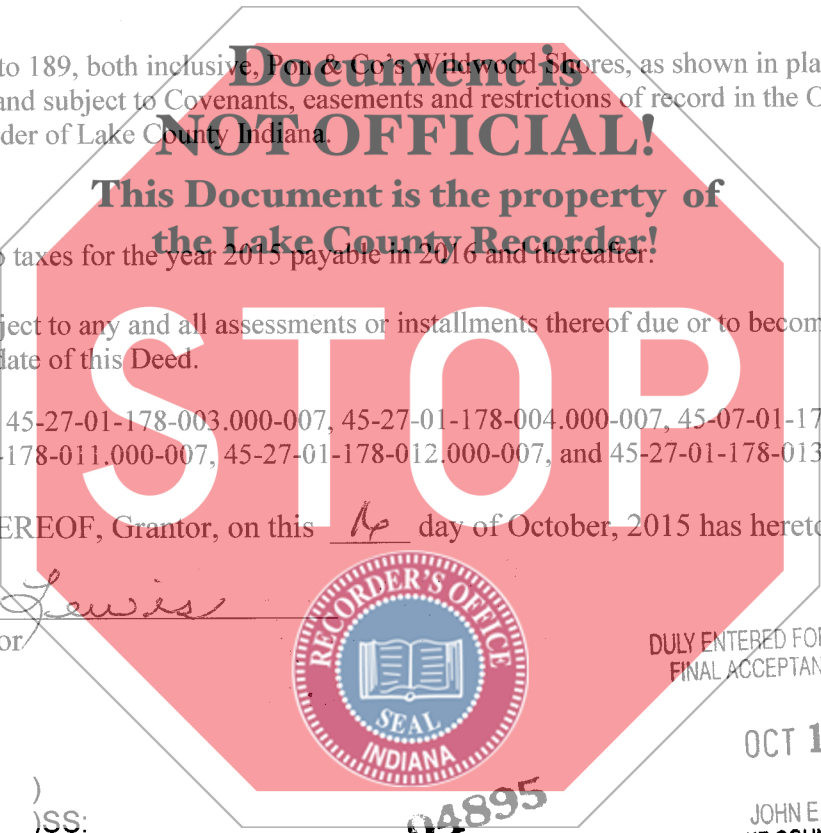
Mail tax bills to:

David Niezgoda
5816 W. 248th Place
Lowell, Indiana 46356

WARRANTY DEED

THIS INDENTURE WITNESSETH, That **SHERRY A. LEWIS** ("Grantor") of Lake County, in the State of Indiana, **CONVEYS AND WARRANTS** to David Niezgoda and Debra Niezgoda, Husband and Wife, as Tenants in the Entirety, of Lake County, State of Indiana, hereinafter called Grantees, for and in consideration of Ten (\$10.00) Dollars and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following real estate, including all buildings and improvements located thereon, in the County of Lake, State of Indiana, described as follows:

Lots 184 to 189, both inclusive, ~~Pon & Co's Wildwood Shores~~, as shown in plat book 26, page 38 and subject to ~~Covenants, easements and restrictions~~ of record in the Office of the Recorder of Lake County Indiana.



Subject to taxes for the year 2015 payable in 2016 and thereafter:

Also, subject to any and all assessments or installments thereof due or to become due after the date of this Deed.

Tax IDs: 45-27-01-178-003.000-007, 45-27-01-178-004.000-007, 45-07-01-178-005.000-007, 45-27-01-178-011.000-007, 45-27-01-178-012.000-007, and 45-27-01-178-013.000-007

IN WITNESS WHEREOF, Grantor, on this 16 day of October, 2015 has hereto set her hand.

Sherry A. Lewis
Sherry A. Lewis, Grantor



DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 16 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16 day of October, 2015, personally appeared: Sherry A. Lewis, and acknowledged the execution of the foregoing Warranty Deed, and whom, having been duly sworn, stated that any representations therein contained are true.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

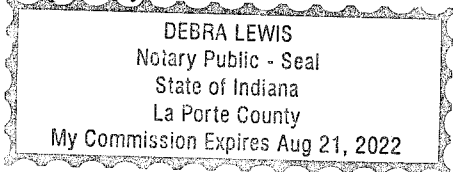
Signature

[Signature]

My County of Residence:

, Notary Public

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.



J. Justin Murphy, #14916-45

[Signature]

[Handwritten initials]

Prepared by: Attorney J. Justin Murphy, Murphy Law Firm, 6939 Kennedy Avenue, Hammond, Indiana 46323; (219) 844-3025 at the specific request of Grantor and/or Grantor's representative and is based solely on the information supplied by one or more of those parties and without examination for accuracy. This preparer assumes no liability for any error, and accuracy, or omission in the preparation of this instrument arising from the information provided. The parties accept this disclaimer by the Grantor's execution of this document.