

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072584

2015 OCT 27 AM 11:41

MICHAEL B. BROWN
RECORDER

TRANSFER ON DEATH DEED PURSUANT TO INDIANA'S TRANSFER ON DEATH PROPERTY ACT

This indenture witnesseth that **STEPHEN B. SCHULJAK** (Grantor), pursuant to the provisions of Indiana's Transfer of Death Property Act and specifically but without limitation I.C. 32-17-14-11, quitclaims to **STEPHEN B. SCHULJAK TOD to the TRUSTEE OF THE STEPHEN B. SCHULJAK REVOCABLE TRUST U/A DTD MAY 26, 2015** (Grantee) without consideration pursuant to I.C. 32-17-14-5 and I.C. 32-17-14-11(c), the following described real estate in Lake County, State of Indiana:

Lot 86 in Covington Subdivision, as per plat thereof, recorded in Plat Book 100, Page 17, in the Office of the Recorder of Lake County, Indiana.

Tax Key No.: 45-16-22-305-019.000-042

Subject to taxes, liens, and encumbrances of record.

The address of such real estate commonly known as 354 E. 130th Lane, Crown Point, IN 46307

Tax bills should be sent to Grantee at such address unless otherwise indicated below.

In witness whereof, Grantor has executed this deed this May 26, 2015.

Grantor:

Signature

Printed

Stephen B. Schuljak
STEPHEN B. SCHULJAK

State of Indiana)

)ss:

County of Lake)

Before me, the undersigned, a Notary Public in and for Lake County and State, personally appeared **STEPHEN B. SCHULJAK** who acknowledged the execution of the foregoing Deed, and **Shaun T. Olsen**, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notary Seal this May 26, 2015.

Signature

Shaun T. Olsen



This instrument prepared by OlsenCampbell Ltd., 8585 Broadway, Ste. 680, Merrillville, Indiana 46410.

Return deed to



Stephen B. Schuljak, 354 E. 130th Ln., Crown Point, IN 46307

Grantee Address

Stephen B. Schuljak, 354 E. 130th Ln., Crown Point, IN 46307

Send tax bills to

Stephen B. Schuljak, 354 E. 130th Ln., Crown Point, IN 46307

***I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. No representation is made as to any time after this instrument was delivered or given to our client.

Shaun T. Olsen
Shaun T. Olsen, Esq. 23972-64

AMOUNT \$ 10-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON - COM _____
CLERK S