STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 073559

2015 OCT 30 PM 3: 44

MICHAEL B. BROWN RECORDER

Property Number: 45-06-12-483-015.000-023 Mail Tax Statements to:

KIMJOHN LLC

7220 Calumet Avenue Hammond, IN 46324

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH that Jack E. Leary Trustee under the Jack E. Leary Revocable Trust dated March 17, 2001, of Lake County, Indiana, does hereby grant, bargain, sell and convey to KIMJOHN, LLC, of pare County, Indiana, for the sum of fen dollars (\$10.00) and other good and valuable consideration, the following described real estate

This Document is the property of

ion to Hammond, as per plat thereof, recorded in Plat Book 18, page order of Lake County, Indiana.

Commonly known as: 7220 Calumet Avenue, Hammond, IN 46324. Tax ID No. 45-06-12-483-015.000-023

This Trustee's Deed is executed pursuant to, and in the exercise of, the powers and authority granted to and vested in said Trustee by the terms of said trust, and SUBJECT TO the terms, covenants, conditions, restrictions and limitations of any instrument of record affecting the use or occupancy of said real estate; roads and highways; streets and alleys; limitations by fences and other established boundary lines; ditches and drains; easements; zoning, building and subdivision control ordinances and amendments thereto; special assessments, in any, and real estate taxes for the year 2015 payable in 2016 and thereafter.

IN WITNESS WHEREOF, Jack E. Leavy, Trustee under the Jack E. Leavy Revocable Trust dated March 17, 2001, has executed this TRUSTEE'S DEED this 37 day of October, 2015.

> DULY ENTERED FOR RATION SUBJECTIVE under the Jack E. Leary Revocable FINAL ACCEPTATION FOR TO AVEIET 17, 2001

STATE OF INDIANA

OCT 3 0 2015

COUNTY OF LAKE

JOHN E. PETALAS

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Before me, a Notary Public in AKE FOUNTY AUDITOR and State, personally appeared Jack E. Leary, Trustee under the Jack E. Leary Revocable Trust dated March 17, 2001, and acknowledged the execution of the reregoing Trustee's Deed, and who, having been duly sworn upon his oath, stated that the representations contained herein are true.

Witness my hand and Notarial Seal this \mathcal{L}' day of October, 2015.

My Commission Expires:

) SS:

My County of Residence: Lake

(Printed Name)

STATE OF INDIANA

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social S in this document, unless required by law.

This instrument prepared by: Douglas K. Walker, Atty. #21418-45, 3235 - 45th Street, Highland, IN 46322; Tel: (219) 838-1900.

/s/ Douglas K. Walker

NOTARY PUBLIC SEAL MY COMMISSION EXPIRES SEPT.