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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 082210

2015 DEC -9 PM 1:16

MICHAEL B. BROWN
RECORDER

WARRANTY DEED

TAX I.D. No: 45-17-16-253-003.000-044

THIS INDENTURE WITNESSETH, That MATTHEW T. HARDIN GRANTOR of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to THE GRSW STEWART REAL ESTATE TRUST, of ADAMS County in the State of COLORADO, as GRANTEEES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 1224 IN LAKES OF THE FOUR SEASONS UNIT NO. 5, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 38 PAGE 62. IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



COMMONLY KNOWN AS: 3882 BROOKSIDE DRIVE, CROWN POINT, IN 46307

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2014 TAXES PAYABLE 2015, 2015 TAXES PAYABLE 2016, AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.

Dated this 23 day of May, 2015.

[Signature]
MATTHEW T. HARDIN

DULY ENTERED FOR TAXATION SUBJECT TO ACCEPTANCE FOR TRANSFER
DEC 07 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA
COUNTY OF LAKE SS:



Before me, the undersigned, a Notary Public in and for said County and State, this 23RD day of MAY, 2015, personally appeared: MATTHEW T. HARDIN, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 10/20/22
Resident of LAKE County

Signature *[Signature]*
Printed SHAWNDA LEANNE KING, Notary Public



COMMUNITY TITLE COMPANY
FILE NO 157811

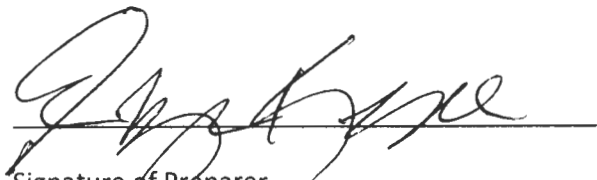
This instrument prepared by: PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45
No legal opinion given to Grantor. All information used in Preparation of document was supplied by title company.

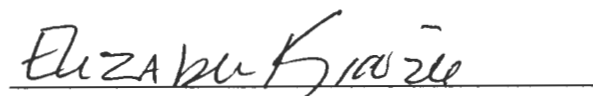
RETURN DEED TO: GRANTEE
GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 3882 BROOKSIDE DRIVE, CROWN POINT, IN 46307
SEND TAX BILLS TO: GRANTEE

APPROVED BY TITLE COMPANY
18-CM
am

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.

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.


Signature of Preparer


Name of Preparer

Name of Preparer

