STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 084094

2015 DEC 16 PM 1:12

MICHAEL B. BROWN RECORDER

## WARRANTY DEED

TAX: I.D. NO. 45-17-16-179-013.000-044

THIS INDENTURE WITNESSETH, That ALLAN J. MOSTELLO AND JENNIFER M. MOSTELLO, HUSBAND AND WIFE, GRANTORS, of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to DANIEL MILOSHEVSKI AND DRAGA KALABA, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP of LAKE County in the State of INDIANA, as GRANTEES 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 1345, LAKES OF THE FOUR SEASONS, UNIT NO. 8, AS SHOWN IN PLAT BOOK 38, PAGE 88, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 3283 RUSTIC LANE, 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.

AND ALL REAL ESTATE TAXES DUE AND FATABLE HEREAFTER.
SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.
Dated this day of NOT OFFICIAL!  This Document is the property of
STATE OF INDIANA COUNTY OF LAKE  SS:  the Lake County RecogNINGER M. MOSTELLO  STATE OF INDIANA COUNTY OF LAKE
Before me, the undersigned, a Notary Public in and for said County and State, this
My commission expires:  Resident of County Signature, Notary Public
This instrument prepared by:  MATTHEW W. DEULLEY Attorney at Law, ID No. 27813-15  DARLEEN S. BIRCHEL Lake County My Commission Expires May 10, 2017
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: 3283 RUSTIC LANE, CROWN POINT, IN 46307 SEND TAX BILLS TO: GRANTEE
COMMUNITY TITLE COMPANY CERTIFIED as a true and exact copy of this original decument Community Title Co.
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.  Dales Sinke
Signature of Preparer  Printed Name of Preparer
017629