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MICHAEL B. BROWN
RECORDER

CORPORATE WARRANTY DEED

RT 151196

THIS INDENTURE WITNESSETH, That **INGENUITY CONCEPTS LLC, AN INDIANA LIMITED LIABILITY COMPANY, GRANTOR**, organized and existing under the laws of the State of INDIANA, CONVEYS AND WARRANTS TO:

ALBERTO HERNANDEZ, GRANTEE.

Of Lake County, in the State of INDIANA, for the sum of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, State of Indiana:

Legal Description: Lot 979 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.

Subject to any and all easements, agreements and restrictions of record: The address of such real estate is
Commonly known as: **3326 Windy Hill Road, Crown Point, IN 46307**
Parcel No.: **45-17-16-251-008.000-044**

The undersigned person executing this deed on behalf of Grantor represents and certifies that he is the duly authorized managing member of Grantor and is fully empowered to execute and deliver this deed, that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

IN WITNESS WHEREOF, Grantor has executed this deed this 22nd day of December, 2015.

INGENUITY CONCEPTS LLC

By [Signature] as Member
JONATHAN GRAHAM, MEMBER

By [Signature] as member
DANIEL SMITH, MEMBER

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared: **JONATHAN GRAHAM AND DANIEL SMITH**, of Ingenuity Concepts LLC and acknowledged the execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 22nd day of December, 2015.

My Commission Expires _____

[Signature]
Signature of Notary Public

Resident of: _____ County, Indiana.

Printed Name of 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. Thomas L. Kirsch

This instrument prepared by: **THOMAS L. KIRSCH, 131 RIDGE RD. MUNSTER, IN 46321, Attorney at Law**

Grantees Address: **3326 Windy Hill Road, Crown Point, IN 46307**

Send Tax Bill to: **3326 Windy Hill Road, Crown Point, IN 46307**

KAREN CRAIG
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Nov 4, 2022

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JAN 06 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CHICAGO TITLE INSURANCE COMPANY

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M.C