

Mail tax bills to: 358 N KELLY ST State I.D. No. (s): 45-09-29-402-001.000-018  
HOBART, IN 46342

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL **TRUSTEE'S DEED**

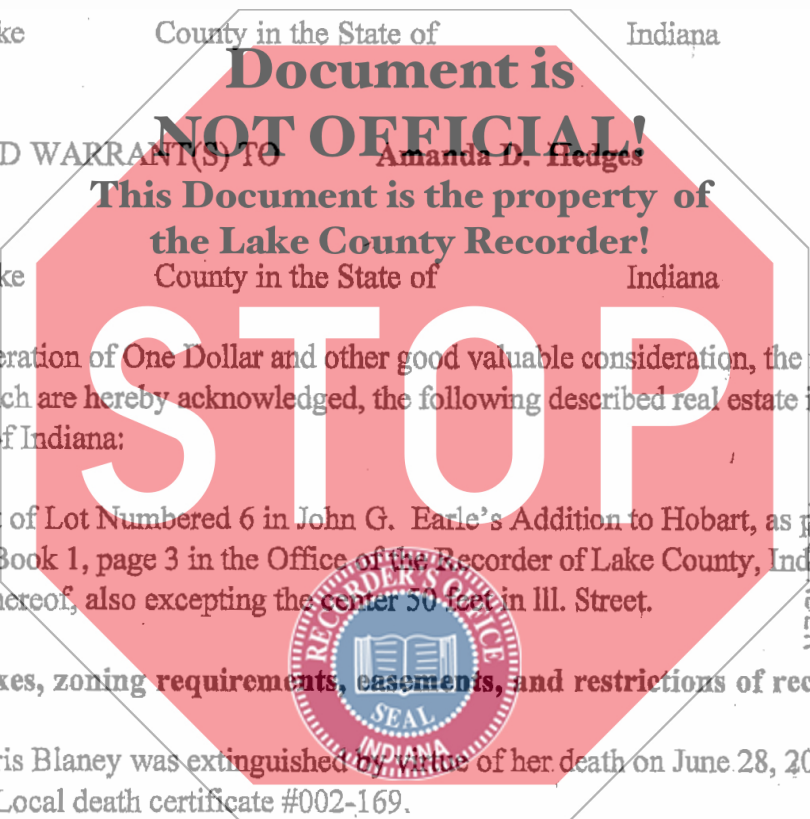
*Karter R. Blaney*

THIS INDENTURE WITNESSETH, THAT **Karter R. Blaney, Trustee of the Karter R. Blaney Revocable Trust under Agreement dated March 21, 2001, subject to the Life Estate interest of Karter Robert Blaney and Doris R. Blaney.**

of Lake County in the State of Indiana

CONVEY(S) AND WARRANT(S) TO **Amanda D. Hedges**

of Lake County in the State of Indiana



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

The North 61 feet of Lot Numbered 6 in John G. Earle's Addition to Hobart, as per plat thereof recorded in Plat Book 1, page 3 in the Office of the Recorder of Lake County, Indiana, except the West 165.4 feet thereof, also excepting the center 50 feet in Ill. Street.

Subject to all taxes, zoning requirements, easements, and restrictions of record.

Life Estate of Doris Blaney was extinguished by virtue of her death on June 28, 2015, in Lake County, Indiana, Local death certificate #002-169.

Common Address: 358 North Kelly Street, Hobart, Indiana 46342.

Dated this 9 day of July, 2015.

*Karter R. Blaney Trustee*  
(Signature)

**Karter R. Blaney**  
(Printed Name)

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JAN 19 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

000286

2016 002886

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 JAN 19 AM 10:37  
MICHAEL B. BRONN  
RECORDER

19-  
num  
MT  
AR

15-12227

COUNTY OF LAKE

STATE OF INDIANA

Before me, the undersigned, a Notary Public in and for said County and State, this 9 day of July, 2015 personally appeared: **Karter R. Blaney, Trustee of the Karter R. Blaney Revocable Trust**, 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: 7.20.22 Signature: [Signature]

Resident of LAKE County Printed: LAURA J. BRASOVAN, 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.

[Signature]  
ERVIN C. CARSTENSEN, Attorney at Law

This instrument prepared by: ERVIN C. CARSTENSEN, I.D. #3141-45,  
Attorney at Law, 503 Main Street, Hobart, IN 46342