STATE OF MODAL LAKE COUNTY FILED FOR RECORD

2016 054841

2016 AUG 11 PM 12: 03

MICHAEL B. BROWN Parcel No. 45-08-31-280-011.000-001

Mail tax bills to: 4779 WILSON ST GARY, IN, 46408-4147

<i>5.</i> ,,	WARRAN	NTY DEED			
THIS INDENTURE WITNESSETH, That charth husband and wife, ("Grantors") of LAKE County in the State of Indiana		NORTHWEST INDIAN	NA TITLE	A TITLE TREET O	
		162 WASHINGTON LOWELL, IN 4	6356 <sub>2</sub> ? `		
219-696-0100 CONVEY (S) AND WARRANT (S) TO KYLE SEPANSKI,("Grantee")					
of LAKE County in the State of Indiana					
in consideration of One Do sufficiency of which are he LAKE County, in the State	réby <b>acknowled</b> Of Indiana: OF	FICIAL!	escribed real e	state in	
THE NORTH 75 FEET OF 1/2 OF THE EAST 1/2 OF SECTION 31, TOWNSHIP PRINCIPAL MERIDIAN, IN	THE SOUTHER 136 NORTH, RA	NST 1/4 OF THE NO NGE 8 WEST OF T	RTHEAST 1/4	HE WEST OF	
Commonly known as: 477 Grantee's address: 4779					
Subject to: Taxes for 2018 restrictions.	and subsequer	nt years, building line	es, covenants	and	
Dated this 1 <sup>ST</sup> day of AUG	UST, 2016	California Carly	E u	of as	
JESSE M. REYES  State of Indiana County	of Lake SS:	DIANDIAS CAUTS E. X	ETES /		
Before me, the undersigned day of AUGUST, 2016 per REYES, husband and wife witness whereof, I have he	rsonally appeare e, and acknowled	d: JESSE M. REYE dged the execution o	S and GLADY of the foregoing	S E. g deed. In	
Ĭ	RICHARD A.		, Notary	<del>Dublic</del>	
My commission expires: County of residence:	NOTARY P SEAL Porter County, Sta My Commission Expire	ate of Indiana	, , ,		
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.					
RICHARD A. ZUNICA  This instrument prepared by: Attorney Richard A. Zunica, 162 Washington St., Lowell, In 46356  File No. 16-22197/					
	DULY ENTERED FOR TAXATION S FINAL ACCEPTANCE FOR TRAF	FOR TAXATION SUBJECT TANCE FOR TRANSFER	AMOUNT \$_	CHARGE	

JOHN E. PETALAS LAKE COUNTY AUDITOR

AUG 08 2016

25082

AMOUNT \$ CHARGE \_\_\_\_\_\_
CASH \_\_\_\_ CHARGE \_\_\_\_\_
CHECK # 30 \$ 7

OVERAGE \_\_\_\_\_
COPY \_\_\_\_\_
NON-COM \_\_\_\_\_
CLERK \_\_\_\_\_