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2016 055194

STATE OF HER AND LAKE COUNTY FILED FOR RECORD

2016 AUG 15 AM 9: 23

MICHAEL B. BROWN RECORDER

SPECIAL WARRANTY DEED

Property Address: 1832 Sheridan Ave Whiting, IN 46394

Tax Parcel No.: 45-03-07-209-025.000-025

This Indenture Witnesseth, That U.S. Bank Trust, N.A., as Trustee for LSF8 Master Participation Trust, organized and existing under the laws of the United States of America,

Convey(s) and Specially Warrant(s) to City of Whiting

for the sum of **Ten & 00/100 Dollars (\$10.00)** and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in **Lake** County, in the State of **Indiana**:

Lot 28 in Block 8 in Central Park Addition to Whiting, as per plat thereof recorded February 26, 1901 in Plat Book 5, page 1 in the Office of the Recorder of Lake County, Indiana.

Subject To (i) all easements, highways, rights of way, covenants conditions, restrictions and other limitations of record, if any; (ii) all real estate taxes and assessments due for the year 2015 and payable in 2016 and thereafter, (iii) all matters which would be disclosed by any accurate survey and physical inspection of the Real Estate; and (iv) the interests of any tenant(s) in possession of the Real Estate.

Grantor, as its sole warranty herein, specially warrants to Grantee, and to Grantee's successors and assigns, that Grantor will forever defend title to the Real Estate (subject to the matters to which the conveyance is hereinabove made subject) against those claims and only those claims, of all persons who shall claim title to or assert claims affecting the title to the Real Estate, or any part thereof, by, through, under, or based upon the acts of, Grantor, but none other.

The undersigned person executing this Deed on behalf of Grantor represents and certifies that he/she has been fully empowered to execute and deliver this Deed pursuant to the Power of Attorney referenced below and said Power of Attorney remains in full force and effect and has not been terminated or rescinded by either party; that Grantor has full capacity to convey the real estate described berein, and that all necessary action for the making of such conveyance has been taken and done.

METROPOLITAN TITLE OF IN

9604 COLDWAYAR ROAD File No.: 4035-83580

SUITE 105

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PORT WAYNE IN 46825
NON-TAXABLE AMOUNTS

35198

AUG 1 1 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR AMOUNTS 20 =

OVERAGE COPY

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Attorney-in-i	Fact under Power of	of Attorney reco	orded	as Instrument	
Ву:	EJUN	lex			
	Timothy J. Walter	t 			
Its:	Authorized Signato	ory			
			Acknowledgement		
State of	Texas	. Do	cument:	County:	
as Attorney-	Notary Public in a Timothy J. Walin n-Fact for U.S. Band the execution of	nk Trust, N.A	ne Authorized Signatory , as Trustee for LS Special Warrynty 000	Operty of bather F8 Master Partici O and who, having	Real Estate Services, LLC pation Trust, who been duly sworn, stated
acknowledge that the repr belief.	n-Fact for U.S. Ba	ink Trust, N.A. the foregoing on contained are	Special Warranty Dec	d, and w ho, having	pation Trust, who been duly sworn, stated knowledge, information and
acknowledge that the repr belief.	n-Fact for U.S. Band the execution of esentations therein	ink Trust, N.A. the foregoing on contained are	day of July day of	O, land Who, having the best of his/her	been duly sworn, stated
acknowledge that the repr belief. Witness my	n-Fact for U.S. Band the execution of esentations therein	the foregoing of contained are	day of JUL	O, land Who, having the best of his/her	been duly sworn, stated
acknowledge that the repr belief. Witness my	n-Fact for U.S. Band the execution of esentations therein	ink Trust, N.A. It the Gregoing on contained are seal this D. Signature	day of JUGANIE White	O, land Who, having the best of his/her	been duly sworn, stated knowledge, information and
acknowledge that the repr belief. Witness my My commissi	n-Fact for U.S. Band the execution of esentations therein	seal this Signature Printed Residing in	day of JULY Connie White	the best of his/her , 2016.	been duly sworn, stated knowledge, information and

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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.

Name:

Grantee's Mailing Address and Mailing Address for Tax Bills:

(must be a street address)
1443-119th St
Whthre IN 46394



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