

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 010209

2017 FEB 16 AM 10:28

MICHAEL B. BROWN
RECORDER

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE WITNESSETH, that for Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby by acknowledged, DANIEL A. DIVICH as Personal Representative of the Estate of Lola Kushner ("GRANTOR"), does hereby convey and warrant to DANIEL A. DIVICH ("GRANTEE"), an undivided forty percent (40%) interest in the following described real estate located in Lake County, Indiana, to-wit:

- Parcel 1:** The East 45 feet of West 100 feet of Lot 22, Block 1 in Ridge Subdivision, in the City of Gary, Lake County, Indiana (659-661 Hamilton St.)
- Parcel 2:** The East 45 feet of West 100 feet of Lot 23, Block 1 in Ridge Subdivision, in the City of Gary, Lake County, Indiana (663-665 Hamilton St.)
- Parcel 3:** The East 45 feet of West 100 feet of Lot 24, Block 1 in Ridge Subdivision, in the City of Gary, Lake County, Indiana (667-669 Hamilton St.)

Subject to all existing taxes, easements and restrictions of record.

Commonly known as: 659 - 669 Hamilton Street, Gary, IN 46403

Parcel Tax Nos.: 45-09-06-409-009.000-004; 45-09-06-409-010.000-004;
45-09-06-409-011.000-004

Grantees' Address for Tax Mailing Purposes: 7717 Locust Ave, Gary, IN 46403

IN WITNESS WHEREOF, said Grantor has hereunto set his hand and seal this 15 day of December, 2016.

Daniel A. Divich PR
Daniel A. Divich, Personal Representative of the Estate of Lola Kushner

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

000825

FEB 16 2017

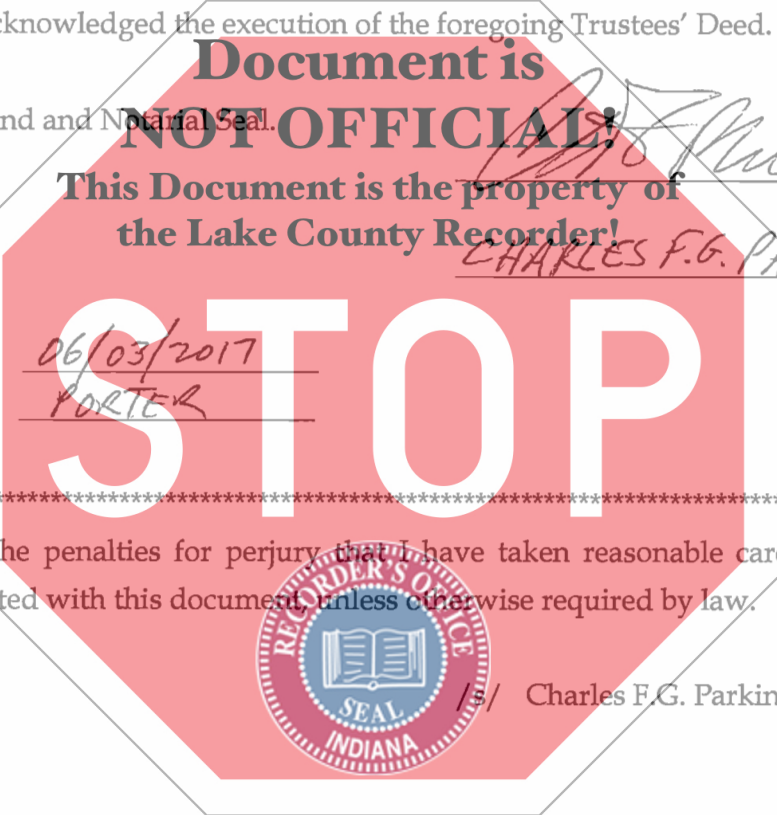
JOHN E. PETALAS
LAKE COUNTY AUDITOR


180
CASH
D

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public, in and for said County and State, this 15 day of December, 2016, personally appeared **DANIEL A. DIVICH** as **Personal Representative of the Estate of Lola Kushner**, and acknowledged the execution of the foregoing Trustees' Deed.

WITNESS my hand and Notarial Seal.



Notary Public
CHARLES F.G. PARKINSON

Printed Name

My commission expires: 06/03/2017
My county of residence: PORTER

I affirm under the penalties for perjury that I have taken reasonable care to redact each social security number associated with this document, unless otherwise required by law.



/s/ Charles F.G. Parkinson

This instrument prepared by: Charles F.G. Parkinson, Attorney
HARRIS WELSH & LUKMANN
107 Broadway, Chesterton, IN 46304
Telephone (219) 926-2114