2017 010210

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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, DEBRA SETTLE, as Personal Representative of the Estate of Barbara R. Divich ("GRANTOR") does hereby convey and warrant to DANIEL A. DIVICH ("GRANTEE"), an undivided thirty percent (30%) interest in and to the following described Real Estate located in Lake County, Indiana, to-wit:

## This Document is the property of

Parts of Lots 22, 23, and CACH Black County, Indiana, as per plat thereof, recorded in Plat Book 11, page 14, in the Office of the Recorder of Lake County, Indiana, described as beginning at the Northeasterly corner of said Lot 22 and running thence Southwesterly along the Northerly line of said Lot, 50 feet; thence Southeasterly parallel with the Easterly line of said Lots 22, 23 and 24 to the Southeasterly corner thereof; thence Basterly along the Southerly line of said Lots 24 to the Southeasterly corner thereof; thence Northwesterly along the Easterly line of said Lots 24, 23 and 22 to the place of beginning.

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

Commonly known as: 5816 E 7th Average, Gary, IN 4640

Parcel Tax No.: 45-09-06-409-012,000-004

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

IN WITNESS WHEREOF, said Grantor has hereunto set her hand and seal this day of

December 2016.

Debra Settle, Personal Representative of the YESTERE OF BATANATION SUBJECT FOR TRANSPENICH

FEB 16 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

000826

STATE OF INDIANA ) COUNTY OF OTHER ) SS:	,
Before me, the undersigned, a Notary Public, in and for said County and St	ntative of the Estate of
Barbara R. Divich, and acknowledged the execution of the foregoing Trustees' Deed	l.
WITNESS my hand and Notarial Seal. OFFI	Elovsio
This Document is the property of the Lake County Recorded 2.	Notary Public
	Printed Name
My.commission expires:	
My county of residence: When the county of residence with the county of	
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I affirm under the penalties for perjury that I have taken reasonable care to re	dact each social
security number associated with this document, unless otherwise required by law.	dact each social
/s/ Thomas M. Dog	gan
MOLANA SULLING	
This instrument prepared by:  Thomas M. Dogan, Attorney at Law	
1605 Adler Cirole, Suite G	
Portage, IN 46368 Ph. (219) 764-0100	
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