2017 019475

2017 MAR 27 AM 9: 43

MICHAEL B. BROWN RECORDER

Parcel No.:45-07-351-043.000-023

## TRANSFER ON DEATH DEED

**THIS INDENTURE WITNESSETH**, That Lois J. Boyer ("Grantor") of the County of Lake, in the State of Indiana, conveys and quit-claims to:

Lois J. Boyer, Individually, Transfer on Death to Krista Marie Cooksey

of the County of Jefferson, in the State of Missouri, the following described real estate in Lake County, in the State of Indiana, to-wit:

Lot 15 in Block 1 in Woodlawn Terrace, Hammond, as per plat thereof recorded in Plat Book 17, Page 5, in the Office of the Recorder of Lake County, Indiana, except that part of said lot taken for widening of 21st Avenue, now 173rd Street.

Commonly Known as: 817-173rd Street, Hammond, IN 46324 Tax ID No: 45-07-351-043,000-023

) SS:

This Document is the property of

IN WITNESS WHERE OF, the Grantor has executed this Deed, this 10th day of

March, 2017.

Lois J. Boyer 817-173rd Street Hammond, IN 46324

STATE OF INDIANA

K E

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said county and state, personally appeared Lois J. Boyer, who acknowledged the execution of the foregoing Transfer on Death Deed, and who, having been duly sworn, stated that any representations therein contained are true.

otary Public

Witness my hand and Notarial Seal this 10th day of March, 2017.

JUNE M. CRAWFORD
Notary Public, State of Indiana
LaPorte County
My Commission Expires
March 22, 2017

My Commission Expires: March 22, 2017 This instrument prepared by: BARBARA M. SHAVER, ESQ. 9013 Indianapolis Blvd. Highland, IN 46322 219/838-9200

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.

is Blvd., Highland, IN 46322

Return Deed To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322

Grantee's address: 817-173rd Street, Hammond, IN 46324

Send Tax Bills To: Lois J. Boyer, 817-173rd Street, Hammond, IN 46324

MOUNT \$ LOUD

CASH CHARGE

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

Ву:\_\_\_\_\_

| AMOUNT \$   |  |
|-------------|--|
| CASHCHARGE  |  |
| CHECK# 7355 |  |
| OVERAGE     |  |
| COPY        |  |
| NON-CONF    |  |
| DEPUTYCD    |  |
|             |  |