STATE OF INDIANA	) ) ) ) )	IN THE LAKE CIRCUIT COURT PROBATE DIVISION CROWN POINT, INDIANA
COUNTY OF LAKE		
IN RE: THE ESTATE OF:	<b>}</b>	
MARTHA L. MARION, Deceased )		CAUSE NO: 45C01-1704-EU-00086

## PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE WITNESSETH That, HOWARD V. MARION and MARTHA L. MARION, Co-Trustees of the Howard V. Marion and Martha L. Marion Joint Revocable Trust, dated March 3, 1995, ("Grantors"), of Lake County, Indiana, by and through BEVERLY JEAN GAUTHIER, as Personal Representative of the ESTATE OF MARTHA L. MARION, Deceased, which Estate is an

unsupervised estate under cause number 45C01-1704-EU-00086, in the Circuit Court of Lake County, Probate Division, Crown Point, Indiana, by virtue of the power given to a Personal Representative under Indiana law, and for good and sufficient consideration, CONVEYS AND QUIT CLAIMS to BEVERLY JEAN GAUT HER and SANDRA GAIL MCARI ("Grantees"), of Lake County, Indiana, as tenants in common, the following described real estate in LaPorte County, in the State offlndiana: ساه Lot 3 and 65 feet by parallel lines off the entire easis side of Lot 5 in Dedelow's 2nd Addition to Hammond, as per Plat thereof, recorded in Plat Book 22, page 72, in the office of the Recorder of Lake County NALACCE TANCE FOR TRANSFER ©Commonly known as: 2645 170th Street, Hammond, Indiana 46323 2017 JUL 6 EParcel Number: 45-07-09-327-025.000-023 Subject to taxes for 2017, due and payable in 2018, and all subsequent years) HN E. PETALAS LAKE COUNTY AUDITOR not yet due and payable. Subject to all covenants, conditions, restrictions, easements, rights of way, recorded building lines, legal ditches and drains, and all rights therein of record. IN WITNESS WHEREOF, the Said BEVERLY JEAN GAUTHIER, as Personal Representative of the ESTATE OF MARTHAL MARION has hereunto set her hand and seal this ESTATE OF MARTHA L. MARION By: BEVERLY JEAN GAUTHIER, Personal Representative

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this

, 2017, BEVERLY JEAN GAUTHIER, personally appeared and I acknowledge execution of the foregoing document. In witness whereof, I have hereunto subscribed my name and affi my official seal.

> Notáry Public, Commission Expiration County of Residence:

William COT 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.

Signature

040591

THIS INSTRUMENT PREPARED BY: Kerry A. Pangere, Attorney at Law

Law Office of Kerry A. Pangere, LLC, 2256 W. 93rd Ave., Merrillville, Indiana 46410

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