STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 043529

2017 JUL 17 AM 9:43

MICHAEL B. BROWN RECORDER

TRUSTEE'S DEED

TAX: I.D. NO. 45-11-18-430-026.000-034

THIS INDENTURE WITNESSETH, That KENNETH R. YONKMAN AND JUDY L. YONKMAN, AS CO-TRUSTEES UNDER THE PROVISIONS OF THE KJY REVOCABLE TRUST DATED OCTOBER 25, 2010, (GRANTORS), of LAKE County in the State of INDIANA, CONVEYS to RICHARD D. WEST, (GRANTEE) of LAKE County in the State of INDIANA, in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 56, IN CASTLE VIEW ESTATES UNIT THREE, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 90, PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1533 W. CLOVER, DYER, INDIANA 46311

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2016 TAXES PAYABLE 2017, 2017 TAXES PAYABLE 2018 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY. ACCORDANCE WITH AND PURSUANT TO, FACREEMENT UNDER WHICH TITLE TO THE GRANTOR CERTIFIES THAN THE TERMS AND PROVISIONS THE ABOVE DESCRIBED FEATURE FOR THE TRUSTEE HAS FULL POWER AND AUTHORITY TO EXECUTE the Lake County Recorder Dated this day of coremon, Co-Trustee

YONKMAN, JUDY L. YONKMAN, CO-TRUSTEE CO-TRUSTEE STATE OF INDIANA **COUNTY OF LAKE** SS)

10 day of whereof, I have hereunto subscribed my name and affixed my official s

My commission expires: Signature Resident of ____ Printed ____ Notary Public County **ELIZABETH R. KIMZIE** Notary Public - State of Indiana My Commission Expires Mar 22, 2025

This instrument prepared by:

MATTHEW W. DEULLEY, Attorney at Law, 1D No. 27813-45 No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

RETURN DEED TO: **GRANTEE**

GRANTEE STREET OR RURAL ROUTE ADDRESS: 1533 W. CLOVER, DYER, INDIANA 46311

SEND TAX BILLS TO: GRANTEE

Signature of

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.

∦rebarer

Printed Name of Preparer

WZAREN

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

JUL 1 3 2017

ი03954

JOHN E. PETALAS LAKE COUNTY AUDITOR

Community Title Company File No. ____