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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 044750

2017 JUL 19 AM 11:05

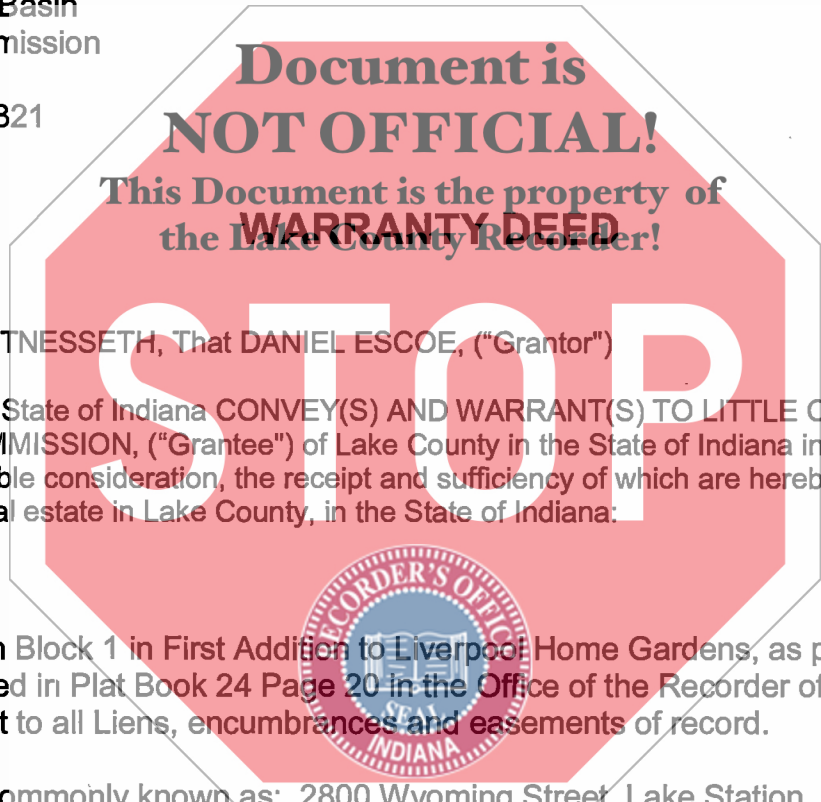
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MICHAEL B. BROWN  
RECORDER

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. SELECTING A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

**Mail tax bills to:**  
Mr. Dan Repay  
Executive Director  
Little Calumet River Basin  
Development Commission  
900 Ridge Road  
Munster, Indiana 46321

CHICAGO TITLE INSURANCE COMPANY



THIS INDENTURE WITNESSETH, That DANIEL ESCOE, ("Grantor")

Of Lake County in the State of Indiana CONVEY(S) AND WARRANT(S) TO LITTLE CALUMET RIVER BASIN DEVELOPMENT COMMISSION, ("Grantee") of Lake County in the State of Indiana in consideration of One Dollar 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:

Legal Description:

Lot 6 in Block 1 in First Addition to Liverpool Home Gardens, as per Plat thereof recorded in Plat Book 24 Page 20 in the Office of the Recorder of Lake County, Indiana. Subject to all Liens, encumbrances and easements of record.

More commonly known as: 2800 Wyoming Street, Lake Station, IN 46405  
Parcel No. 45-08-13-359-009.000-020

(Do not mark below this line)

Dated this 13<sup>th</sup> day of July, 2017.

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JUL 18 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR  
040762

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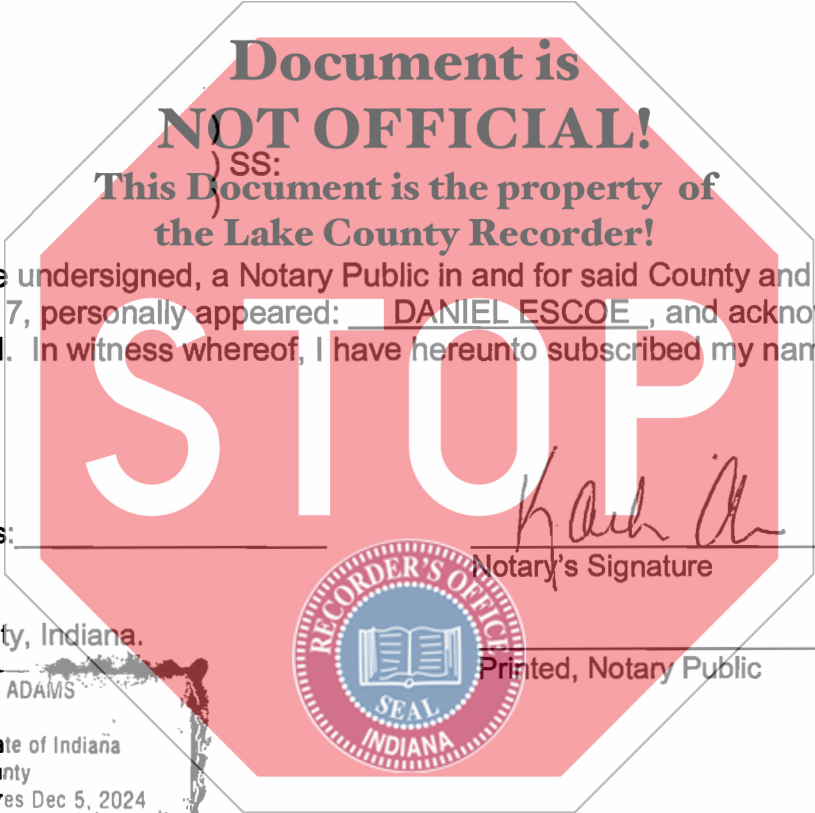
04 18 20 50 35 26

Daniel Escoe  
DANIEL ESCOE

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

STATE OF INDIANA  
COUNTY OF LAKE



Before me, the undersigned, a Notary Public in and for said County and State, this 13<sup>th</sup> day of July, 2017, personally appeared: DANIEL ESCOE, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: \_\_\_\_\_

Katherine Adams  
Notary's Signature

Resident of Lake County, Indiana.

\_\_\_\_\_  
Printed, Notary Public



This instrument prepared by and should be returned to:

HAROLD ABRAHAMSON  
ABRAHAMSON, REED & BILSE  
200 Russell Street, 5<sup>th</sup> Floor  
Hammond, Indiana 46320  
Phone: (219) 937-1500.  
Email: [aralawfirm@aol.com](mailto:aralawfirm@aol.com)

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 CA