STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 050535

2017 AUG 14 AM 9: 13

MICHAEL B. BROWN RECORDER

WARRANTY DEED

Y

TAX #45-03-32-151-011.000-024

THIS INDENTURE WITNESSETH, That ROBERT E. HELM, (GRANTORS), of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to SONYA SMITH, of LAKE County in the State of INDIANA, (GRANTEE), 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:

LOTS 23, AND THE NORTH 4.5 FEET OF LOT 22, IN BLOCK 4, IN KOSCIUSKO PARK ADDITION, IN THE CITY OF EAST CHICAGO, LAKE COUNTY, INDIANA.

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY 2016 TAX SPAYABLE 2017, 2017 TAXES PAYABLE 2018
AND ALL REAL ESTATE TAXES DUE AND BAYABLE HEREAFTER. SUBJECT TO EASEMENTS,
RESTRICTIONS AND COVENNATS OF RECORD, IF ANY

the Lake County Recorder!

\*Power of Attorney recorded 6/24/2014 as doctor14-036226

004439

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

AUG 11 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

25/01

Dated this 4th August, 2017  Lector Lebras, Attorney-In-Fact  ROBBIE A. HELM, ATTORNEY-IN-FACT
COUNTY OF DACIN BEACH SS:
Before me, the undersigned, a Notary Public in and for said County and State, this day of
My commission expires:   My commission expires:   Signature  Signature  Signature
Resident of Am School County Printed Case of Provide Comprission # FF 957974e Lake County Recorder!  My Comm. Expires Mar 8, 2020 Bonded through National Notary Assn.
This instrument prepared by: Matthew W. Deulley, Attorney-at-Law, Attorney ID No. 27813-45.  No legal opinion given or rendered. All information used in preparation of document was supplied by title company.
RETURN DEED TO: GRANTEES MAIL TAX BILLS TO: 2720 E GUADALUPE CIRCLE, EAST CHICAGO, IN 46312 GRANTEE STREET OR RURAL ROUTE ADDRESS:  MAIL TAX BILLS TO: 2720 E GUADALUPE CIRCLE, EAST CHICAGO, IN 46312
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 of Preparer  Printed Name of Preparer