

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 083451

2017 DEC -8 PM 3:37

MAIL TAX BILLS TO: 527 Detroit St, Hammond, IN 46320  
RETURN DEED TO: Efron & Efron, P.C., 5246 Hohman Ave, Fifth Floor, Hammond, IN 46320

MICHAEL B. BROWN  
RECORDER

**TRANSFER ON DEATH DEED**

THIS INDENTURE WITNESSETH, that **FELIX SANTOS, JR.** and **MARIA M. SANTOS**, both of Lake County, State of Indiana, as Grantors, hereby convey and warrant to **FELIX SANTOS, JR.** and **MARIA M. SANTOS, TOD** (transfer on death) to **JUANITA SANTOS**, of Lake County, the following described real estate in Lake County, State of Indiana, to wit:

Lot 36 and the West 1/2 of Lot 37 in Block 2 in Highland Addition to Hammond, as per plat thereof, recorded in Plat Book 6 page 42, in the Office of the Recorder of Lake County, Indiana.

Key No. 45-06-01-258-024-000-023

Commonly known as: 527 Detroit St, Hammond, IN 46320

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IN WITNESS WHEREOF, the Grantors have executed this deed on the 7<sup>th</sup> day of December 2017.

*Felix Santos Jr.*  
Felix Santos, Jr.

*Maria M. Santos*  
Maria M. Santos

STATE OF INDIANA, COUNTY OF LAKE ) SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 7<sup>th</sup> day of December 2017, personally appeared Felix Santos, Jr. and Maria M. Santos and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



**JAMES P. DRISCOLL**  
**NOTARY PUBLIC - OFFICIAL SEAL**  
State of Indiana, Porter County  
Commission Number 645397  
Commission Expires June 24, 2021

Signature *[Signature]*

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]*

James P. Driscoll

This instrument prepared by:  
James P. Driscoll, Efron & Efron, P.C.,  
5246 Hohman Ave, Fifth Floor, Hammond, IN 46320, (219) 931-5380

**FILED**

DEC 08 2017

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

006483

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

25-  
CS  
RM