

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085176

2017 DEC 14 AM 11:02

MICHAEL B. BROWN
RECORDER

Tax Key No. 45-07-18-251-018.000-023

2
MAIL TAX BILLS TO:
Grantee: Hammond Sanitary District
Grantee's Address: 5143 Columbia Avenue
Hammond, IN 46327

WARRANTY DEED

CTNW1702177

This indenture witnesseth that **NANCEE A. NOOJIN** of Lake County in the State of Indiana, conveys and warrants to the **HAMMOND SANITARY DISTRICT** for and in consideration of Ten Dollars and all other good and valuable consideration, the receipt of which is hereby acknowledged, the following Real estate in Lake County in the State of Indiana, to-wit:

CHICAGO TITLE INSURANCE COMPANY



LOT 13, EXCEPT THE SOUTH 30 FEET THEREOF, AND THE SOUTH 29 FEET OF VACATED 176TH STREET ADJOINING SAID LOT ON THE NORTH IN BLOCK 8 IN WHITE OAK MANOR THE FIRST RE-SUBDIVISION, IN THE CITY OF HAMMOND, AS PER PLAT OF SAID RE-DIVISION, RECORDED IN PLAT BOOK 21 PAGE 24 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

More commonly known as 7602 Linden Avenue Hammond IN 46324

Subject To: all unpaid real estate taxes and assessments for 2016 payable in 2017, and for all real estate taxes and assessments for all subsequent years.

Subject To: all covenants, easements, rights-of-way, building lines, highways, roads, street, alleys and other restrictions of beneficial use and enjoyment of record, and all facts and matters affecting legal and equitable ownership and possession of the real estate which would be, or should have been, revealed and disclosed by an accurate survey of the real estate described above.

Dated this 8th day of December, 2017.

Nancee A. Noojin

NANCEE A. NOOJIN

NON-TAXABLE...

DEC 13 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

006552 *ctt* 1820504173
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 8th day of December, 2017, personally appeared Nancee A. Noojin, and acknowledged the execution of the foregoing Warranty Deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

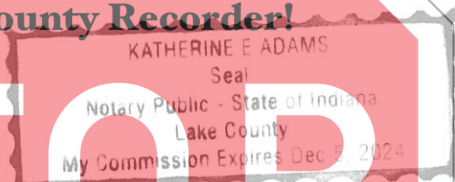
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Notary Public

My Commission Expires: _____

County of Residence: _____



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. (David W. Westland)



This instrument prepared by:

David W. Westland, #18943-64, Westland & Bennett, P.C.
2929 Carlson Drive, Suite 300, Hammond IN 46323, Phone: 219.440.7550