

2019 037433

2019 JUN 21 AM 10:01

MICHAEL B. BROWN  
RECORDER

Mail tax bills to:  
922 175TH ST  
HAMMOND, IN, 46324

Parcel No. 45-07-18-153-001.000-023

NORTHWEST INDIANA TITLE  
162 WASHINGTON STREET  
LOWELL, IN 46356  
219-696-0100

# WARRANTY DEED

THIS INDENTURE WITNESSETH, That RYAN W. DAVIS, ("Grantors")

of LAKE County in the State of Indiana

CONVEY (S) AND WARRANT (S) TO ELVIA C. WALSH, ("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:

THE WEST 10 FEET OF 18 AND ALL LOT 19 IN BLOCK 9, IN CALUMET HIGHLANDS, A SUBDIVISION, IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 922 175TH ST, HAMMOND, IN, 46324  
Grantee's address: 922 175TH ST, HAMMOND, IN, 46324

Subject to: Taxes for 2018 and subsequent years, building lines, covenants and restrictions.

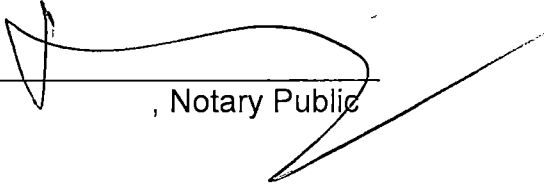
Dated this 10<sup>TH</sup> day of JUNE, 2019



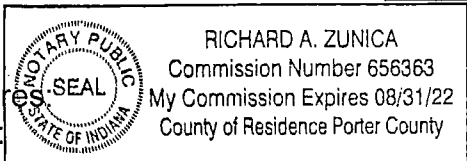
RYAN W. DAVIS

### State of Indiana County of Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 10<sup>TH</sup> day of JUNE, 2019 personally appeared: RYAN W. DAVIS, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



, 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. RICHARD A. ZUNICA

This instrument prepared by: Attorney Richard A. Zunica, 162 Washington St., Lowell, In 46356  
**File No. 19-24322/**

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JUN 17 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

**25424**

AMOUNT \$ 250  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 2583  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK   D