2019-075983

2019 Nov 5

9:38 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

TRUSTEE'S DEED



3437870850

66362012

5194483

Colleen F. Schutz, Trustee of the Colleen F. Schutz Revocable Living Trust Dated May 20, 2010, whose mailing address is 931 Old Beach Road, Dyer, IN 46311, CONVEYS to Colleen F. Schutz, an unmarried woman, whose mailing address is 931 Old Beach Road, Dyer, IN 46311, for and in the consideration of No Consideration and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, and State of Indiana:

OWN OF DYER, AS PER PLAT THEREOF, LOT 54 IN PINEWOOD ESTATES ADDIT CORDER OF LAKE COUNTY, INDIANA. RECORDED IN PLAT BOOK 50, PAGE 74

MORE commonly known as: 931 Øld Beach Road, Dver

Assessor's Parcel Number: 45-11-18-104-018.000-034

Prior Recorded Doc. Ref.: Deed: Recorded

the Lake County Recorder!

SUBJECT TO any and all Easements, Agreements, and Restrictions of record

An Indiana Sales Disclosure Form is not required for this Deed due to this being a gift transfer. Grantee assumes and agrees to pay all taxes on all above described real estate for fall 2018 due and payable fall 2019 and thereafter

The undersigned, executing this deed hereby certifies that he is fully empowered to execute and deliver this deed on behalf of said trust.



DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

NOV 0 1 2019

30210

JOHN E. PETALAS LAKE COUNTY AUDITOR

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

\$ ds 1200

(Attached to and becoming a Colleen F. Schutz, Trustee of the F. Schutz, an unmarried woman	part of Quitclaim Deed de Colleen F. Schutz Revocal, as Purchaser(s).)	ated: 10-11- ble Living Trust Dated May	between 20, 2010, as Seller(s) and Colleen
IN WITNESS whereof, Grantor  College J. M.  Colleen F. Schutz, Trustee		day of	toBer , 2019
STATE OF	NOTOF	FICIAL! s the property of nty Recorder!	
Colleen F. Schutz Revocable Quitclaim Deed this		, 2010, who acknowledge	Colleen F. Schutz, Trustee of the execution of the foregoing
0	CALIFORNIA MPLIANT FORM		y Public (Signature) ary Public (Printed Name)
		My Commission I	
After Recording Return To: Amrock - Recording Departmen 662 Woodward Avenue Detroit, MI 48226	Send Subsequent Colleen F. Schultz 931 Old Beach Ros Dyer, IN 46311	ANA Jyne ad 1320 India	s instrument was prepared by: ell D. Berkshire, Esq. 0 E. Vermont Street anapolis, IN 46202 -715-7155

This instrument prepared by Jynell D. Berkshire, Attorney at Law, BERKSHIRE LAW LLC, 1320 E. Vermont Street, Indianapolis, IN 46202, (317) 434-3000, at the specific request of the party or parties and based solely on information supplied without examination of title. The preparer assumes no liability for any errors, inaccuracy or omissions in this instrument resulting from the information provided. The party or parties hereto accept this DISCLAIMER by execution and acceptance. 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. Jynell D. Berkshire.

Recorded Return To:
Indecomm Global Services
As Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

\*U07106665\* 1632 10/21/2019 81403557/1 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the

document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California  County of
personally appeared  Here Insert Name and Title of the Officer  DocumName(s) of Signer(s)
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Signature  Signature
Place Notary Seal Above
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
Description of Attached Document  Title or Type of Document:  Document Date: 10   11   9   Number of Pages: 3    Signer(s) Other Than Named Above: 11   12   13   14   15   15   15   15   15   15   15
Capacity(ies) Claimed by Signer(s)  Signer's Name: Signer's Name: Corporate Officer — Title(s): Partner — Limited