



purposes expressed therein, and swore or affirmed that the representations contained therein are true.

Witness my hand and Notarial Seal this 13<sup>th</sup> day of November, 2019.

Angela D. Sutton

, Notary Public

My Commission Expires: 7-24-2020

Resident of MARICOPA County

State of ARIZONA



\*\*\*\*\*

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in the foregoing ~~Personal Representative Deed~~, unless required by law.

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

Peggy Jo Stamper



Mail recorded document to:  
Peggy Jo Stamper  
209 South Main Street  
Crown Point, Indiana 46307

Mail tax statements to Grantees:  
James Lenell Wallace and Bonnie Wallace  
2841 Squire Drive  
St. John, Indiana 4631

This instrument prepared by Peggy Jo Stamper, Attorney at Law  
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