| GRANTOR(S) of | AKE | Count | y in the State of | INDIANA |
|----------------------------------|---|----------------------|----------------------------------|--|
| QUITCLAIM(S) toJEFFRE | Y NAPIWOCKI AND TA | MI NAPIWOCKI, | HUSBAND AND W | IIFE . |
| | | | ¥ C 7 | |
| GRANTEE(S) of L | | | 1 | |
| | | | | ufficiency of which are hereby |
| cknowledged, the following des | cribed real estate in | LAKE | County | , in the State of Indiana: |
| OUTLOT A IN C PAGE 67, IN T | CHESTNUT ACRES, UNI THE OFFICE OF LAKE | T 2 PHASE 1, I | RECORDED IN PL ER, CROWN POIN | AT BOOK 88 |
| PROPERTY TAX | NO.: 45-20-20-201 | -004.000-007 | | |
| PROPERTY ADDR | ESS: N/A LOWELL, GULATIONS AND REST | | CHILD OF THE | OTS AND |
| · DE | TENTION PONDS. | TALLICATIONS PERIF | A T I | WIN AIM |
| SUBJECT TO RE | AL ESTATE TAXES AN | D COVENANTS OF | RECORD. | DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER |
| | This Docume | _ | | TO FINAL ACCEPTANCE FOR TRANSFER |
| | the Lake (| County Reco | order! | NOV 0 6 2020 |
| | | | | JOHN E. PETALAS |
| Dated this 30th da | ay of OCTOBER | , 2020 | | LAKE COUNTY AUDITOR |
| 1 . 1 | (A) | , 2020 | | No. |
| Signature) BONNIE L. CRIPE | 900 | 202 | 0-081277 | STATE OF INDIANA LAKE COUNTY FILED FOR RECORD |
| (Printed Name) | | 2020 No | v 6 2:42 PI | MICHAEL B BROWN |
| (Signature) | , s | OER'S ON | | RECORDER |
| Digitaturo | | | | |
| (Printed Name) | ~ | (Printed 1 | Name) | |
| STATE OF INDIANA, COUNT | TY OF LAKE | SEAL | SS: | |
| Before me, the undersigned, a | Notary Public in and for sa | id County and State, | this 30th da | ay of OCTOBER 2020 |
| personally appeared: | BONNIE L. CR | IPE | | |
| he execution of the foregoing de | and In witness whereof I h | ave hereunto subser | ibed my name and a | and acknowledged |
| | 15,2034 | Signatur | | Control of the contro |
| Resident of Lake | | County Printed | Katherin | E Adams Notary Public |
| | | | | |

KATHERINE E ADAMS Notary Public - Seal Lake County - State of Indiana Commission Number NP0693947 My Commission Expires Dec 5, 2024

ct each Social Security number in this document, unless required by law.

CERTIFICATE OF PROOF

| WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached: Witness Signature Madilyn Maher | |
|--|--------------------|
| PROOF: Document is | |
| STATE OF Indiana COUNTY OF Lake NOT OFFICIAL! | |
| Before me, a Notary Public in and for said County and State, on personally appeared the above named with ESS to the foregoing institution, who, being by me duly did depose and say that she knows to individual(s) described in and who executed the foregoing instrument; that said WITNESS was pressaw said Grantor execute the same; and that said WITNESS at the same time subscribed his/her na witness thereto. NOTARY PUBLIC Printed: KATHERINE E ADAMS Notary Public - Seal Lake County - State of Indiana My Commission Number NP0693947 My Commission Expires: December 5, 200 Commission No. NP0693947 | be the sent and |