NEW TUNTANNA, 020 FFF CIAL DO

202 5043 3 54/14/2021 03:12PN Total Fees: 25.00

Bv: DN

Pg #: 1

-LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Apr 14 2021 LM

JOHN E. PETALAS LAKE COUNTY AUDITOR

WARRANTY DEED

TAX: I.D. NO.: 45-11-12-177-010.000-036

Signature of Preparer

THIS INDENTURE WITHESSETH, That TIMOTHY E. HUYT AND BAMBI J. HUNT, HUSBAND AND WIFE, GRANTORS, of LAKE County in the State of INDIANA, CONVEY AND WARRANT to IVAN MEDINA of LAKE County in the State of INDIANA, as GRANTES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are bereby acknowledged, the following described real estate in Lake County, in the State of Inclaims:

LOT 176 IN PRAIRIE ESTATES, PHASE 2, UNIT 2, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 92 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 5723 WILDROSE LN., SCHERERVILLE, IN 46375 SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2020 TAXES PAYABLE 2021, 2021 TAXES PAYABLE 2022 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER. TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY, TIMOTHY E. HUNT BAMBI J. HUNT STATE OF INDIANA COUNTY OF _ LAKE Before me, the undersigned, a Notary Public in and for said County and State, this day of appeared: TIMOTHY E. HUNT AND BAMBI J. HUNT, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires Signature م مام Resident of County Printed Notary Public LEEN S. BIRCHEL Commission Expires May 10, 2025 issign Number NP0699646 Lake County This instrument prepared by: NATHAN D. VIS, Attorney at Law, ID No. 29535-45 VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303 No legal opinion given or rendered. All information used in preparation of document was supplied by title company. RETURN DEED TO: GRANTEE GRANTEE'S MAILING ADDRESS: 5723 WILDROSE LN., SCHERERVILLE, IN 46375 SEND TAX BILLS TO: GRANTEE 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.

Printed Name of Preparer

DARLEEN S. BIRCHEL

FLENO 2121290