NO TOTAL DO SESTI

Total Fees: 25.00 By: TS Pg #: 1 FILED FOR RECORD
GINA PIMENTEL
RECORDER

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Aug 31 2021 cR JOHN E. PETALAS LAKE COUNTY AUDITOR

WARRANTY DEED

TAX: I.D. NO. 45-11-14-104-013.000-036

THIS INDENTURE WITNESSETH THAT, SHAWN THOMAS AND RACHAEL A. THOMAS, HUSBAND AND WIFE, (GRANTORS), of LAKE County in the State of INDIANA, CONVEY AND WARRANT TO MARIO DIEGO HERNANDEZ-SOBERAL AND SARA HERNANDEZ, HUSBAND AND WIFE, of LAKE County in the State of INDIANA, (GRANTEE), in consideration of One Dollar (\$1.00) 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.

LOT 70 IN NOVO-SELO UNIT NO. 2, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 47, PAGE 42 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 1706 SELO DR., SCHERERVILLE, IN 46375

Before me, the undersigned, a Notary Public in and for said County and State, this

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2020 TAXES PAYABLE 2021, 2021 TAXES PAYABLE 2022 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY,

bersonally appeared. Shawit Thomas And Kachael A. Thomas and admissinged the execution of the foregoing deed.			
n witness whereof, I have hereunto subscribe my name and affixed my official seal.			
Commission Number: 9 My commission expires: 370	8646	Signature	Ed /
Resident of	Le County	Printed Darice	, Notary Public
		ney at Law, ID No. 29535-45	0/_
		ox 980, Cedar Lake, IN 46303 o Grantor(s) or Grantee(s) in	DARLEEN S. BIRCHEL My Commission Expires
Pr		orm of holding ownership. All	SEAL May 10, 2025 Commission Number NP0699646 Lake County

RETURN DEED TO: GRANTEE

GRANTEE STREET OR RURAL ROUTE ADDRESS: 1706 SELO DR., SCHERERVILLE, IN 46375
SEND TAX BILLS TO: GRANTEE

PILE NO. 2/2260 C

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.

Dell Jales Brahel

Signature Printed N

Printed Name