

NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Nov 29 2021 LM

JOHN E. PETALAS
LAKE COUNTY AUDITOR

2021-540181
11/29/2021 02:05 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

WARRANTY DEED

TAX: L.D. NO. : 45-11-15-131-095.000-036

THIS INDENTURE WITNESSETH, That **TOM BRINDLEY**, GRANTOR, of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to **BRITTANY C. HOUCHIN**, of LAKE County in the State of INDIANA, as 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 5 IN PARK MANOR 5TH ADDITION, TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 57, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: **329 E. JOLIET ST., 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.

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

Dated this 23rd day of November, 2021

[Signature]
TOM BRINDLEY

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 23rd day of November, 2021, personally appeared: **TOM BRINDLEY**, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 0689646
My commission expires: 3/2022 Signature [Signature]
Resident of LaKE County Printed Darleen S. Birchel, Notary Public

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 to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.



RETURN DEED TO: **GRANTEE**
GRANTEE'S MAILING ADDRESS: **329 E. JOLIET ST., 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.

[Signature]
Signature of Preparer

DARLEEN S. BIRCHEL
Printed Name

COMMISSION TITLE CATEGORY
FIELD: 2123930