NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Nov 29 2021 LM JOHN E. PETALAS LAKE COUNTY AUDITOR 2021-540195 11/29/2021 02:48 PM TOTAL FEES: 25.00 BY: JAS PG #: 1 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

WARRANTY DEED

TAX: I.D. NO. 45-07-04-402-017.000-023

THIS INDENTURE WITNESSETH THAT, DEANNA L. HARGROVE, (GRANTOR), of LAKE County in the State of INDIANA, CONVEY AND WARRANT TO JAMES PHILLIPS, 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 7 IN BLOCK 12 IN TURNER MEYN PARK, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19 PAGE 12, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 2926 GIBSON PL., HAMMOND, IN 46323

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, DEANNA L. HARGROVE Before me, the undersigned, a Notary Public in and for said County and State, this personally appeared: DEANNA L. HARGROVE and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribe my name and affixed my official seal. Commission Number: Signature My commission expires: Notary Public Printed Resident of County NATHAN D. VIS, Attorney at Law, ID No. 29535-45 This instrument prepared by: 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 STREET OR RURAL ROUTE ADDRESS: 2926 GIBSON PL., HAMMOND, IN 46323 SEND TAX BILLS TO: GRANTEE

212199

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.

(D) 11

Printed Name

Signature