NOT AN OFFICIAL DOCUME

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

> Dec 20 2021 VH JOHN F PETALAS LAKE COUNTY AUDITOR

2021-543620 12/20/2021 02:04 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. 45-11-25-102-012.000-032

THIS INDENTURE WITNESSETH, That LISA R. SHORT, (GRANTOR), of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to KYLLE TOWLE, (GRANTEE), of LAKE County in the State of INDIANA, 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 12, IN SPRINGROSE HEATH SUBDIVISION UNIT SIX, (A PLANNED UNIT DEVELOPMENT), AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78 PAGE 96, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 8643 CALHOUN PLACE, CROWN POINT, INDIANA 46307

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,

WARK R. BRYAN NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # GG255268 Commission Expines 9/17/2022 A R. SHORT COUNTY OF LEE STATE OF 1 personally appeared: LISA R. SHORT and acknowledged the execution of the foregoing deed. In writness whereof, I have hereuno subscribed my name and affixed my official seal. PLySically explained. Produced. doi:10.15 [C C259268 Commission Number: My commission expires Signature Resident of ___ Charlotte County Printed 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 STREET OR RURAL ROUTE ADDRESS: 8643 CALHOUN PLACE, CROWN POINT, INDIANA 46307 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 rinted Name