NOT AN OFFICIAL DOCUMEN

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

> Dec 23 2021 VH JOHN F PETALAS LAKE COUNTY AUDITOR

2021-544408 12/28/2021 10:04 AM TOTAL FEES: 25.00 BY: 1AS PG #: 1

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

sion Number NP0737445

Porter County

WARRANTY DEED

TAX+1D NO 45-17-05-203-009 000-047

THIS INDENTURE WITNESSETH, That MONTI K, MONTGOMERY and MARK E, CHANCEY, joint tenants with rights of survivorship, (GRANTORS), of LAKE County in the State of INDIANA, CONVEY AND WARRANT to ADRIEL RUIZ. (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 230 IN DOUBLETREE LAKE ESTATES WEST, PHASE SIX, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 99 PAGE 40, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 7310 E. 103RD AVE., CROWN POINT, INDIANA 46307

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

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

STATE OF INDIANA, COUNTY OF Before me, the undersigned, a Notary Public in and for said County and State, this appeared: MONTI K. MONTGOMERY and MARK E. CHANCEY, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. Commission Number: My commission expires: Signature Resident of Printed Notary Public OLLY MICHELLE KUNZE Commission Expires This instrument prepared by: NATHAN D. VIS. Attorney at Law. ID No. 29535-45 November 14, 2029

Signature

VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303

No legal opinion given to Grantor(s) or Grantee(s) in preparation of of holding ownership. All information used supplied by title company.

RETURN DEED TO: GRANTEE GRANTEE STREET OR RURAL ROUTE ADDRESS: 7310 E. 103RD AVE., CROWN POINT, INDIANA 46307 SEND TAX BILLS TO: GRANTEE

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document whiles required by law File No.

Printed Name