

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-000506

9:19 AM 2022 Jan 7

Mail tax bills to:
633 E BROOKSIDE DR
CROWN POINT, IN, 46307

Parcel No. 45-16-08-478-018.000-042

26676CA
NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
317-696-0100

WARRANTY DEED

THIS INDENTURE WITNESSETH, That CHARLES P. SMOLJAN and SHARON C. SMOLJAN F/K/A SHARON C. ROKOSZ, as joint tenants with rights of survivorship, ("Grantors")

of LAKE County in the State of Indiana

CONVEY (S) AND WARRANT (S) TO FULLGRAF LIVING TRUST DATED JULY 21, 2016, ("Grantee")

of LAKE County in the State of Indiana

in consideration of One Dollar 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:

TRACT 6, EXCEPT THE NORTH 155.32 FEET (BY PARALLEL LINES AND AS MEASURED ALONG THE EAST LINE THEREOF), OF THE FIRST AMENDED PLAT OF GREENWOOD SPRINGS, A PLANNED UNIT DEVELOPMENT IN CROWN POINT, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 69, PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 633 E BROOKSIDE DR, CROWN POINT, IN, 46307
Grantee's address: 633 E BROOKSIDE DR, CROWN POINT, IN, 46307

Subject to: Taxes for 2020 and subsequent years, building lines, covenants and restrictions.

IN WITNESS WHEREOF, Grantor has executed this deed this 12/29/21.

DULY ENTERED FOR TAXATION SUBJECT
TO FINAL ACCEPTANCE FOR TRANSFER

JAN 06 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 25
CASH _____
CHECK # 4704
OVERAGE _____
COPY _____
NON-COM _____
CLERK MK

25

4704

NOT AN OFFICIAL DOCUMENT

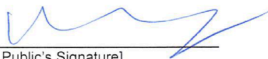

CHARLES P. SMOLJAN


SHARON C. SMOLJAN F/K/A
SHARON C. ROKOSZ

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared CHARLES P. SMOLJAN and SHARON C. SMOLJAN F/K/A SHARON C. ROKOSZ, as joint tenants with rights of survivorship who acknowledged the execution of the foregoing instrument.

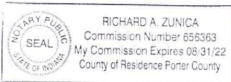
Witness my hand and Notarial Seal this 12/29/21.



[Notary Public's Signature]

My commission expires:
County of Residence:
(SEAL)

[Notary Public's Printed Name]



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.

RICHARD A. ZUNICA

This Instrument prepared by: Attorney Richard A. Zunica, 162 Washington Street, Lowell, In 46356, File No. 21-26676CA