## NOT AN OFFICIAL DOCUMENT

FINAL ACCEPTANCE FOR TRANSFER

MAR 1 3 2023

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY

2023-007508

3:35 PM 2023 Mar 13

FILED FOR RECORD
WARRANTY DEED

TAX: I.D. NO. 45-07-19-177-010.000-027

THIS INDENTURE WITNESSETH, That PERLA V. ARAUJO, AN UNMARRIED WOMAN, (GRANTOR), of LAKE County in the State of INDIANA, CONVEY AND WARRANT to KYLIE SMOLAR AND ZACHARY COLLEGE, WIFE AND HUSBAND, (GRANTEES), of LAKE County in the State of INDIANA, in consideration of One Dollar (Jo) and other valuable consideration, the receips and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indians:

LOT NO. 15, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF FAIRVIEW ADDITION TO MUNSTER, LAKE COUNTY, INDIANA, ASTHE SAME APPEARS OF RECORD IN PLAT BOOK 25, PAGE 61, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 8351 HOWARD AVENUE, MUNSTER, INDIANA 46321

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2022 TAXES PAYABLE 2023, 2023 TAXES PAYABLE 2024 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

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

Dated this 10 day of Mo	arch, 2023.	telel ments		
PERLAV. ARAUJO	1.5.110	Co, SEAL	TIA LIPSCOMB My Commission Expires December 11, 2027 Commission Number NP0724041	
STATE OF INDIANA, COUNTY	OF LAKE S	S:	Lake County	
Before me, the undersigned, a Not appeared: <b>PERLA V. ARAUJO</b> a my name and affixed my official s	and acknowledged the execution of	and State, this 0 day of the foregoing deed. In with	of March, 2023, persona ness whereof, I have hereunto subscrib	lly
Commission Number: 72400 My commission expires: 12400 Resident of 12400	County Printed	my lipcomb	, Notary Public	
This instrument prepared by:	NATHAN D. VIS, Attorney at VIS LAW, LLC, P.O. Box 980, No legal opinion given to Grant of holding ownership. All infor	, Cedar Lake, IN 46303 tor(s) or Grantee(s) in prepar	ration of deed or form	
RETURN DEED TO: GRANTI	EES			

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.

GRANTEE STREET OR RURAL ROUTE ADDRESS: 8351 HOWARD AVENUE, MUNSTER, INDIANA 46321

Signature Printer

SEND TAX BILLS TO: GRANTEES

Printed Name

Community Title Company
File No.

QN