

NOT AN OFFICIAL DOCUMENT

FILED

Apr 13 2023 BDD

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TOTAL FEES: 25.00

BY: JAS

PG #: 2

STATE OF INDIANA

LAKE COUNTY

FILED FOR RECORD

GINA PIMENTEL

RECORDER

No Sales Disclosure Needed

Apr 13 2023

By: FGR

Office of the Lake County Assessor

PEGGY HOLINGA-KATONA

LAKE COUNTY AUDITOR

TRANSFER ON DEATH DEED

THIS INDENTURE WITNESSETH, that Janet M. Phillippe, of Lake County, in the State of Indiana, QUITCLAIMS to Janet M. Phillippe, and on her death transfers to William Phillippe, of Lake County, State of Indiana, Kalli M. Soy, of Lake County, State of Indiana, Aubrey E. Wendt, of Lake County, State of Indiana and Laney C. Detert, of Lake, State of Indiana, Primary Beneficiaries, for no consideration, the following described real estate in Lake County, in the State of Indiana:

A PARCEL OF LAND LOCATED IN THE CITY OF CROWN POINT, COUNTY OF LAKE, STATE OF INDIANA, AND KNOWN AS:

BEING LOT NUMBER 133 IN FOREST VIEW FARMS PHAE TWO AS SHOWN IN THE RECORDED PLAT/MAP THEREOF IN BOOK 92 PAGE 18 OF LAKE COUNTY RECORDS.

Permanent Parcel No. 23-09-0575-0041

Subject to any and all easements, agreements and restrictions of record.

Commonly known as: 226 W. 126th Place, Crown Point, Indiana 46307

Tax bills should be sent to Grantee's mailing address at: 226 W. 126th Place, Crown Point, Indiana 46307.

If a Primary Beneficiary does not survive the Grantor, then the interest of the deceased Primary Beneficiary under this Transfer on Death Deed shall lapse.

IN WITNESS WHEREOF, Grantor has executed this Deed this 4th day of

April, 2021. 2023
JMP

Janet M. Phillippe
Janet M. Phillippe, Grantor

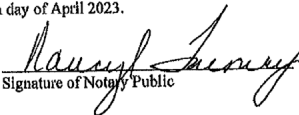
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STATE OF INDIANA)
)SS:
COUNTY OF HAMILTON)

Before me, a Notary Public in and for said County and State, personally appeared Janet M. Phillippe, and who acknowledged the execution of the foregoing Transfer on Death Deed, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and notarial seal this 4th day of April 2023.




Signature of Notary Public

Printed Name of Notary Public _____ (SEAL)
County of Residence _____
Commission Expiration _____
Commission Number _____

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. /s/ Susan L. Adnamis.

This instrument was prepared by, return to the law offices of Susan L. Adnamis, ADINAMIS & SAUNDERS, P.C., 10401 N. Meridian Street, Suite 210, Indianapolis, Indiana 46290. (317) 218-2600.