OFFICIA BY: JAS

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

> Sep 27 2023 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

PG #: 1 RECORDED AS PRESENTED GINA PIMENTEL RECORDER

WARRANTY DEED

TAX: I.D. NO. 45-17-09-277-004.000-044

THIS INDENTURE WITNESSETH, That ANITA GRIFFITH (GRANTOR), of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to MATTHEW WENZEL AND EVA WENZEL, HUSBAND AND WIFE (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 75 IN LAKES OF THE FOUR SEASONS, UNIT NO. 1., AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37, PAGE 63. IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 2998 SUNRISE DRIVE, CROWN POINT, INDIANA 46307

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

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

Dated this STATE OF INDIANA, COUNTY OF Before me, the undersigned, a Notary Public in and for said County and State, this & day of appeared ANITA GRIFFITH 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: This instrument prepared by:

Resident of

NATHAN D. VIS, Attorney at Law, ID No. 29535-4 VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 463 No legal opinion given to Grantor(s) or Grantee(s) in propagation of deed part Clanto

HOLLY MICHELLE KUNZE My Commission Expires November 14, 2029 of holding ownership. All information used supplied by title company

Notary Public

RETURN DEED TO: GRANTEES

GRANTEE STREET OR RURAL ROUTE ADDRESS: 2998 SUNRISE DRIVE, CROWN POINT, INDIANA 46307 SEND TAX BILLS TO: GRANTEES

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

Community Title Comp