DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Dec 06 2023 BDD

PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

WARRANTY DEED

THIS INDENTURE WITNESSETH THAT **Timothy Scott McPherson** of Lake County in the State of Indiana

CONVEYS AND WARRANTS TO **Donald William Preston** of _____ County in the State of _____ for and in consideration of Ten Dollars and other valuable consideration, the receipt whereof is hereby acknowledged, the following Real Estate in **Lake** County in the State of **Indiana**, to wit:

Lot 26 in Block 4, in Dalecarlia, to the Town of Lowell, as per plat thereof, recorded in Plat Book 22, page 18 in the Office of the Recorder of Lake County, Indiana.

Commonly known as 562 South Lakeview Drive, Lowell, IN 46356

TAX KEY NO(S): 45-19-12-135-013.000-007

Subject to easements of highways, streets, alleys, sewers, tiles, drains, and public utilities. Subject to all taxes, zoning requirements, easements and restrictions of record.

IN WITNESS WHEREOF, the said **Timothy Scott McPherson** has hereunto set his hand(s) and seal(s), this _____ of December, 2023.

Timothy Scott McPherson

STATE OF INDIANA

COUNTY OF LAKE

I, Jolene Kratochvil, a Notary Public for the County of Lake and State of Indiana, do hereby certify that **Timothy Scott McPherson** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ of December, 2023.

Notary Public: Jolene Kratochvil
My Commission Expires: November 13, 2029

JOLENE KRATOCHVIL
Notary Public, State of Indiana
Lake County
Commission Number NP0648497
My Commission Expires
November 13, 2029

MAIL TAX BILLS TO:

Donald William Preston
562 South Lakeview Drive, Lowell, IN 46356

GRANTEE(S) ADDRESS:
562 South Lakeview Drive, Lowell, IN 46356

THIS INSTRUMENT PREPARED BY:
Douglas R. Kvachkoff, Attorney at Law
325 N. Main, Crown Point, IN 46307, 219-662-2977
IN-23-68385-01

File No:

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: _____