NOT AN OFFICIAL DOCUMENT RECORDER 2024-006253

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

1:34 PM 2024 Feb 13

| TRANSFER ON DEATH DEED |
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| This TRANSFER ON DEATH DEED, executed on this 4 day of February , 2024, by: |
| (Collectively and separately "owner") Theresa A. Maglioca |
| (Collectively and separately primary beneficiary") WITNESSETH, that the said owner does hereby TRANSFER ON DEATH for NO CONSIDERATION, any interest remaining at the owner's death in the following parcel of land, and improvements and appurtenances thereto, in the county of LAKE in the state of Indiana – legally described as: Riverside Add Day Lots Land Lots Land Day Lots Land Riverside Add Day Lots Land Day Lots Lan |
| Commonly known as: 862 Indiana St., [Commond, IN 46320 Parcel identification: 45-631-302-648 090823 Source of title: LAKE COUNTY, INDIANA DOC# |
| If the primary beneficiary does not survive the owner, or is not in existence when the owner dies, then the interest transferred on the owner's death to that predeceased primary beneficiary shall lapse and no transfer shall occur. be distributed to the predeceased primary beneficiary's LDPS. be distributed to |
| be distributed to the predeceased primary beneficiary's LDPS. be distributed to (Collectively and separately "contingent beneficiary") Grantee'. Kevin Michael Jaceczko |
| Prepared by: Theresa A. Magliocea |

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| IN WITNESS WHEREOF, the said owner has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of: Signeture: Shara a. Maghbura Print name Theresa A. Maghbura County, before me, a notary public in and for said state and county, and a resident of County, Indiana, personally appeared known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same. Given under my hand this Aday of Theresa A. 2024 Notary public: Print name: May the County of the Mary T. CARPENTER NOTARY PUBLIC STATE OF INDIANA MY COMMISSION NUMBER NPOSS7315 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document under control to the foregoing instrument public care to redact each Social Security number in this document under control to the foregoing instrument public care to redact each Social Security number in this document under control to the foregoing instrument above control to the foregoing instrument and care to redact each Social Security number in this document under control to the foregoing instrument and care to redact each Social Security number in this document under control to the foregoing instrument and care to redact each Social Security number in this document under control to the foregoing instrument and care to redact each Social Security number in this document under care to redact each Social Security number in this document under care to redact each Social Security number in this document under care to redact each Social Security number in this document under care to redact each Social Security number in this document under ca | |
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| Capacity: GRANTOR STATE OF INDIANA; COUNTY OF LAKE On this 44 day of February in the year of 2024, before me, a notary public in and for said state and county, and a resident of County, Indiana, personally appeared County, Indiana, personally appeared acknowledged to me that he/she/they executed the same. Given under my hand this 4 day of 1 | above written. |
| On this 44 day of February in the year of 2004, before me, a notary public in and for said state and county, and a resident of County, Indiana, personally appeared known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same. Given under my hand this 44 day of February 7004. Notary public: 7004. WARY T. CARPENTER NOTARY PUBLIC SEAL Document prepared by: SEAL DOCUMENT PUBLIC SET NORMAN MY COMMISSION NUMBER NPOSS7315. | Signature: Theresa A. Maglicea Print name Theresa A. Maglicea Capacity: GRANTOR |
| known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same. Given under my hand this | |
| MARY T. CARPENTER NOTARY PUBLIC STAL DOCUMENT MY COMMISSION NUMBER NPOSSTATS I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number. | |
| Notary public: Print name: | known or identified to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same. |
| Print name: | Given under my hand this ger day of February, 2024 |
| After recording, return document After recording, return document STATE OF INDUSTRY PUBLISHED PROPERTY OF THE PROPERTY OF TH | Print name: Mary & Caryouter |
| IN COMMISSION DEPRES SETTIMEN 17, 2000 COMMISSION NUMBER NPOSS7315 Laffirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number. | After recording, return document MARY T. CARPENTER NOTARY PUBLIC SEAL Document prepared by: |
| I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless provided by the | MY COMMISSION EXPIRES SEPTEMBER 17, 2030 |
| Signature: Ohrosa a Malioca | I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law. |