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PARCEL #: 45-16-30-277-002.000-041

Mail tax bills to:  
Kimberly Kozub and Jennifer Lewandowski  
13599 Waite Ct.  
Crown Point, IN 46307

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, That **KIMBERLY L. KOZUB**, Successor Trustee of the **KOZUB LIVING TRUST DATED JANUARY 14, 2016** ("Grantor") of Lake County in the State of INDIANA QUITCLAIM(S) TO **JENNIFER A. LEWANDOWSKI and KIMBERLY L. KOZUB**, as **Joint Tenants with Rights of Survivorship** ("Grantees") 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 15 IN HIDDEN VALLEY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 74 PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

**COMMONLY KNOWN AS: 13599 Waite Ct., Crown Point, IN 46307**

**County Parcel Number: 45-16-30-277-002.000-041**

Subject to taxes, easements, restrictions, rights of way, ditches and drains, conditions, and covenants of record. Subject also to all zoning laws and other restrictions, regulations, ordinances, or statutes of any governmental authority applicable to the above property.

(Do not mark below this line)

Dated this 24<sup>th</sup> day of April, 2024.

Kimberly L. Kozub  
KIMBERLY L. KOZUB, Trustee



DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

APR 30 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR


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1322  
LK  
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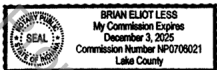
# NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA COUNTY OF LAKE SS:


Before me, the undersigned, a notary Public in and for said County and State, this 24<sup>th</sup> day of April, 2024 personally appeared: KIMBERLY L. KOZUB, Trustee, Grantor(s), who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: December 3, 2025  
Resident of Lake County

Signature   
Brian E. Less, Notary Public  
Commission No. NPO706021,



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.

  
Brian E. Less

This instrument prepared by Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave, St. John, IN 46373, Attorney at Law Attorney No. 21973-49

MAIL TO: Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave., St. John, IN 46373 ←

**TRANSFERRED FOR NO CONSIDERATION**

Office of Lake County Recorder