NOT AN OFFICIAL DO BY: MA

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER PG #: 1 RECORDED AS PRESENTED GINA PIMENTEL RECORDER

Oct 24 2024 BDD

PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

WARRANTY DEED

TAX: I.D. NO. 45-11-18-429-010.000-034

THIS INDENTURE WITNESSETH, That THOMAS J. MARACICH AND JENNIFER R. PISTELLO, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, (GRANTORS) of LAKE, County in the State of INDIANA, CONVEYS AND WARRANTS to ERNEST MARTINEZ AND LOREN LUSTIG, HUSBAND AND WIFE, (GRANTEES), of COOK County in the State of ILLINOIS, 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 88 IN CASTLE VIEW ESTATES UNIT FOUR, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 92 PAGE 29, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 2630 CAMELOT DR., DYER, INDIANA 46311

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2023 TAXES PAYABLE 2024, 2024 TAXES PAYABLE 2025

AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.			
SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF AN			
Dated this 18th day of	1 th 202 4	Dated this 18 th day of	5-ther2y
Thefle	20	John RPL	5
THOMAS J. MARACICH	9/-/	JENNIFER R. PISTELLO	
	10)	
STATE OF INDIANA, COUNTY	OF Let	SS:	
Before me, the undersigned, a Notary Public in and for said County and State, this			
Commission Number:	9964 (5-125 Signature	01	<u> </u>
Resident of Lak c	County Printed	Dalen Birte	, Notary Public DAPLEEN S. BIRCHEL
This instrument prepared by:	NATHAN D. VIS, Attorney VIS LAW, LLC, P.O. Box S No legal opinion given to G		My Commission Expens: May 10, 2023 Commission Number NP0659646
	of holding ownership. All in	nformation used supplied by title	company.
RETURN DEED TO: CRANTERS GRANTER STREET OR RUBAL ROUTE ADDRESS: 2630 CAMELOT DR., DYER, INDIANA 46311 SEND TAX BILLS TO: GRANTEES			
I affilm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document unless required by law.			

Signature

Printed Name

CONNECTION 2 CONTRACTOR OF THE PARTY OF THE