*Space above this line for recorder’s use only*

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| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]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. | **After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP] |

**INDIANA SPECIAL WARRANTY DEED**

STATE OF INDIANA

COUNTY OF [PROPERTY COUNTY]

THIS INDENTURE WITNESSETH, that for and in consideration of the sum of

[AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]) in hand paid to

[GRANTOR NAME(S)], a [GRANTOR(S) MARITAL STATUS], residing at [GRANTOR(S) STREET ADDRESS] (hereinafter known as the “Grantor(s)”) hereby grants, warrants, and conveys to [GRANTEE NAME(S)], a [GRANTEE(S) MARITAL STATUS], whose mailing address is [GRANTEE(S) MAILING ADDRESS] (hereinafter known as the “Grantee(s)”) the following described real estate, situated in [COUNTY NAME] County, Indiana, to-wit:

[ENTER PROPERTY LEGAL DESCRIPTION HERE (OR ATTACH AND INSERT)].

TOGETHER WITH all the improvements thereon and the appurtenances thereunto belonging (the “Property”).

AND warrant the title to the same, against any challenge claiming by, through or under, the Grantor(s), but not otherwise.

TO HAVE AND TO HOLD, the Property aforesaid with all and singular, the rights, privileges, appurtenances, and immunities thereto belonging or in any wise appertaining unto the said Grantee(s) and unto Grantee(s)'s heirs, successors, and assigns forever, the said Grantor(s)

hereby covenanting that the premises are free and clear from any encumbrance done or suffered by Grantor(s).

IN WITNESS WHEREOF, the Grantor(s) has executed and delivered this Special Warranty Deed under seal as of the day and year first above written.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Grantor’s Signature Grantor’s Signature**

[GRANTOR NAME] [GRANTOR NAME]

Grantor’s Name Grantor’s Name

[GRANTOR STREET ADDRESS] [GRANTOR STREET ADDRESS]

Street Address Street Address

[GRANTOR CITY, STATE, ZIP] [GRANTOR CITY, STATE, ZIP]

City, State & ZIP City, State & ZIP

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Preparer’s Signature**

[PREPARER NAME]

Preparer’s Name

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.

Grantee’s address/mailing address to which tax statements should be mailed is: [GRANTOR(S) MAILING ADDRESS FOR TAX STATEMENTS]

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in and for said County, in said State, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Officer Signature**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_