
Space above this line for recorder's use only

Prepared By:

Name: _____
Address: _____

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: _____
Address: _____

INDIANA SPECIAL WARRANTY DEED

STATE OF INDIANA
COUNTY OF _____

THIS INDENTURE WITNESSETH, that for and in consideration of the sum of _____ (\$ _____) in hand paid to _____, a _____, residing at _____

_____ (hereinafter known as the "Grantor(s)") hereby grants, warrants, and conveys to _____, a _____, whose mailing address is _____

_____ (hereinafter known as the "Grantee(s)") the following described real estate, situated in _____ County, Indiana, to-wit:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

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.

Grantor's Signature

Grantor's Name

Street Address

City, State & ZIP

Grantor's Signature

Grantor's Name

Street Address

City, State & ZIP

Preparer's Signature

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:

_____.

STATE OF _____
COUNTY OF _____

I, the undersigned, a _____ in and for said County, in said State, hereby certify that _____ whose name is 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.

Officer
My Commission Expires: _____