*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 WARRANTY DEED**

STATE OF INDIANA

[COUNTY] COUNTY

THIS INDENTURE WITNESSETH, that [GRANTOR NAME(S)], a [GRANTOR(S) MARITAL STATUS], (GRANTOR(S)), of [GRANTOR(S) STREET ADDRESS], CONVEYS AND WARRANTS to [GRANTEE NAME(S)], a [GRANTEE(S) MARITAL STATUS], whose mailing address is [GRANTEE(S) MAILING ADDRESS], (GRANTEE(S)), in consideration of [AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate, situated in [COUNTY NAME]County, in the State of Indiana:

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

Commonly known as: [ENTER PROPERTY STREET ADDRESS]

Subject to all current real estate taxes and assessments and all subsequent taxes and assessments.

Subject to all easements, covenants, conditions, and restrictions of record.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said Grantee(s), their heirs and assigns forever.

IN WITNESS WHEREOF, Grantor(s) has executed and delivered this General 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_