
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 WARRANTY DEED

STATE OF INDIANA

_____ COUNTY

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:

TOGETHER WITH all the rights, members, and appurtenances to the real estate in anywise appertaining or belonging thereto.

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.

And said Grantor(s), for said Grantor(s), their heirs, successors, executors, and administrators, covenants with Grantee(s), and with their heirs and assigns, that Grantor(s) are lawfully seized in fee simple of the said real estate; that said real estate is free and clear from all Liens and Encumbrances, except as herein set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the real estate of record in the Probate Office of said County; and that Grantor(s) will, and their heirs, executors, and administrators shall warrant and defend the same to said Grantee(s), and their heirs and assigns, forever against the lawful claims of all persons.

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

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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 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

My Commission Expires: _____