

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Parcel Identification No. _____

GUARDIAN'S DEED

THIS INDENTURE WITNESSETH, That _____,
_____, ("Grantor"), as Guardian
of the estate of _____,
an incapacitated person, which said Guardianship Estate is under the supervision of the _____ Court,
under Cause No. _____, pursuant to an Order of said Court, authorizing the sale of the real estate of said
incapacitated person, dated the _____ day of _____, _____, hereby conveys to _____,
_____, ("Grantee") of _____ County, State of Indiana, 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 _____ County, in the State of Indiana, more particularly described as follows,
to-wit:

The Grantor, as Guardian of the estate of the incapacitated person, affirm(s) that this conveyance is being made in accordance with the Court Order appointing said Guardian, or to a subsequent Court Order, and that said Guardian is conveying to the above-named Grantee, who is not the Guardian's spouse, agent, attorney, or any corporation, trust or other organization in which the Guardian has a substantial beneficial interest, that the transaction is not affected by a substantial conflict between the interest of the protected person and the Guardian's personal interest. The Guardian is not acquiring directly or indirectly, any interest in the real estate conveyed.

Dated this _____ day of _____, 20 ____.

(Signature)

_____, as Guardian

(Printed Name)

(Signature)

_____, as Guardian

(Printed Name)

(Do not mark below this line)

STATE OF _____ COUNTY OF _____ SS:

Before me, a Notary Public in and for said County and State, personally appeared: _____

as Guardian of the estate of _____, an incapacitated person, and
acknowledged the execution of the foregoing Guardian's Deed. In witness whereof, I have hereunto subscribed my name and affixed my
official seal this _____ day of _____, 20 ____.

My commission expires: _____

Signature _____

Resident of _____ County

Printed _____, Notary Public

STATE OF _____ COUNTY OF _____ SS:

Before me, a Notary Public in and for said County and State, personally appeared: _____

as Guardian of the estate of _____, an incapacitated person, and
acknowledged the execution of the foregoing Guardian's Deed. In witness whereof, I have hereunto subscribed my name and affixed my
official seal this _____ day of _____, 20 ____.

My commission expires: _____

Signature _____

Resident of _____ County

Printed _____, Notary Public

This instrument prepared by _____, Attorney at Law

MAIL TO: _____
Grantee's Mailing Address to which the tax statement should be mailed under I.C. 6-1.1-22-8.1

Grantee's Street Address or Rural Route Address if different than Mailing Address



© COPYRIGHT 2010, The Allen County Indiana Bar Association, Inc.

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.
