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.
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## TRUSTEE'S DEED

THIS INDENTU	KE WIINESSE	1 H, 1 nat			
				as Truste	e(s) ("Grantor") or
the					
1 . 1 .	1 0				Trust
				County in the State of	/II.G . III
					("Grantee")
				_ in consideration of One Dollar (\$1.00) ar	
consideration, the	receipt and suff	iciency of which a	re hereby acknowl	edged, the following described real estate in _	
County, in the Sta	ate of Indiana, to	-wit:			

The Grantor, as Trustee(s) affirm(s) that the Trustee has the continuing, unlimited and unrestricted power and authority in its discretion to sell and convey, as Trustee, the real estate herein conveyed and to thereby convey the fee simple title thereto, and with no lesser powers than if it were the beneficial and fee simple owner thereof, and any conveyances, and/or other contracts whatsoever affecting said real estate executed by the said Trustee under this deed, as well as the terms and conditions of any such sales, conveyances, or other instruments are hereby authorized by the Trust and no purchasers, mortgagees or other persons dealing with the Trustee shall be required or obligated to look to the application of any purchase money or mortgage proceeds, or otherwise to the purposes of this Trust, and that the trust has not been revoked and is still in full force and effect.

Dated this	day of	
	, Trustee	, Trustee
(Signature)		(Signature)
(Printed)		(Printed)
STATE OF	, COUNTY OF	) SS:
Before me, th	ne undersigned, a Notary Public in and for	r said County and State, this day of
20, personally ap	peared	
		, Trus
	execution of the foregoing Trustee's deed	d. In witness whereof, I have hereunto subscribed my name and affixed
my official seal.		
My Commission Expir	res:	Signature
Resident of	res:County	PrintedNotary Publi
	, COUNTY OF	
Defense me th	as undersigned a Notory Dublic in and for	a said County and State this day of
		r said County and State, this day of
		, Trus
. ,		d. In witness whereof, I have hereunto subscribed my name and affixed
my official seal.		
My Commission Expir	res:County	Signature
Resident of	County	PrintedNotary Publi
This instrument prepar	red by	, Attorney at Law
MAIL TO:		nt should be mailed under I.C. 6-1.1-22-8.1
Grantee's	Mailing Address to which the tax stateme	nt 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 C	ounty Indiana Bar Association, Inc.
ALLEN COUNTY 		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.