## WARRANTY DEED

| State Form 55719 (11-14)           | Project:   |
|------------------------------------|------------|
| Form WD-1                          | Code:      |
| Revised                            | Parcel:    |
| Records Retention; refer to 84-894 | Page: 1 of |

THIS INDENTURE WITNESSETH, That\_\_\_\_\_\_, the Grantor(s) of \_\_\_\_\_\_ County, State of \_\_\_\_\_\_ Convey(s) and Warrant(s) to the STATE OF INDIANA, the Grantee, for and in consideration of the sum of \_\_\_\_\_\_ Dollars (\_\_\_\_\_\_\_) (of which said sum \_\_\_\_\_\_ represents land and improvements acquired and \_\_\_\_\_\_ represents damages) and other valuable consideration, the receipt of which is hereby acknowledged, certain Real Estate situated in the County of \_\_\_\_\_\_, State of Indiana, and being more particularly described in the legal description(s) attached hereto as Exhibit "A" and depicted upon the Right of Way Parcel Plat attached hereto as Exhibit "B", both of which exhibits are incorporated herein by reference.

This conveyance is subject to any and all easements, conditions and restrictions of record.

The Grantor(s) hereby specifically acknowledge(s) and agree(s) that the Real Estate conveyed herein is conveyed in fee simple and that no reversionary rights whatsoever shall remain with the Grantor(s), or any successors in title to the abutting lands of the Grantor(s), notwithstanding any subsequent abandonment, vacation, disuse, nonuse, change of use, conveyance, lease and/or transfer by the Grantee or its successors in title, of a portion or all of the said Real Estate or any right of way, roadway or roadway appurtenances established thereupon. This acknowledgement and agreement is a covenant running with the land and shall be binding upon the Grantor(s) and all successors and assigns.

Interests in land acquired by Grantee mailing address:

I.C. 8-23-7-31

| State Form 55719 (11-14) | Project: |
|--------------------------|----------|
| Form WD-1                | Code:    |
| Revised                  | Parcel:  |
|                          | Page: of |

The grantor(s) assume(s) and agree(s) to pay the \_\_\_\_\_ payable 2014 real estate taxes and assessments on the above described real estate. This obligation to pay shall survive the said closing and shall be enforceable by the State in the event of any non-payment.

| State Form 55719 (11-14)                                    | Project:                   |                                    |
|---|----------------------------|------------------------------------|
| Form WD-1   | Code:                      |                                    |
| Revised   | Parcel:                    |                                    |
|   | Page:                      | of                                 |
| <b>IN WITNESS WHEREOF,</b> the said Grantor(s)              | executed this instrum      | nent                               |
| this day of   | ,                          | ·                                  |
| (\$   | eal)                       | (Sea                               |
| Signature   | Signature                  | (Sea                               |
| Printed Name  | Printed Name               |                                    |
| (Se   | eal)                       | (Sea                               |
| Signature   | Signature                  |                                    |
| Printed Name  | Printed Name               |                                    |
| STATE OF::  |                            |                                    |
| COUNTY OF:  | SS:                        |                                    |
| Before me, a Notary Public in and for said State and County | , personally appeared      |                                    |
| the Grantor(s) in the above conveyance, and acknowledge     | ged the execution of the   | e same on the date aforesaid to be |
| voluntary act and deed and who, being duly sworn, stated th | nat any representations co | ontained therein are true.         |
| Witness my hand and Notarial Seal this                      | day of                     |                                    |
|   |                            |                                    |
| Signature   |                            |                                    |
| Printed Name  |                            |                                    |
| My Commission expires (month, day, year)                    |                            |                                    |
| I am a resident of Cou                                      | unty.                      |                                    |