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.

This Instrument Was Prepared By

Name: _____

Address: ______ Zip Code: ______

After Recording Return To

Name: _____ Address:

State: _____ Zip Code: _____

Space Above This Line for Recorder's Use

INDIANA SPECIAL (LIMITED) WARRANTY DEED

KNOW ALL PERSONS BY THESE	PRESENTS, That		
residing at	, County of,		
State of	("Grantor"), in consideration of the sum of		
	dollars (\$) and other	
valuable consideration, in hand pai	d, the receipt of which is here	by acknowledged, does	
hereby grant, bargain, sell and con	vey unto		
residing at	, County of,		
State of	_ ("Grantee"), the following c	lescribed real property	
and premises, situate in	County, S	State of Indiana, to wit:	

[INSERT LEGAL DESCRIPTION HERE AND/OR ATTACH EXHIBIT A]

TOGETHER WITH all the improvements thereon and the appurtenances thereunto belonging (the "Property").



AND warrant the title to the same, against any challenge claiming by, through or under, Grantor, but not otherwise.

TO HAVE AND TO HOLD the Property unto Grantee, and to Grantee's heirs and assigns forever.

FURTHER, 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.

IN WITNESS WHEREOF, Grantor has executed and delivered this Special Warranty Deed under seal as of the day and year first above written.

Grantor's Signature		Grantor's Signature	
Grantor's Name		Grantor's Name	
Address		Address	
City, State & Zip		City, State & Zip	
STATE OF INDIANA)			
COUNTY OF)		

I, the undersigned, a Notary Public 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 _____ day of _____, 20____,

e

Notary Public

My Commission Expires: _____