

State Bar of Wisconsin Form 1-2003

WARRANTY DEED

Document Number

Document Name

THIS DEED, made between Community Development Authority of the City of West Allis

(Grantor, whether one or more), and SoNa Lofts LLC, a Wisconsin limited liability Company

(Grantee, whether one or more).

Grantor, for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Milwaukee County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

LOT 2 OF CERTIFIED SURVEY MAP NO. 9370, RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR MILWAUKEE COUNTY, WISCONSIN ON DECEMBER 2, 2021, AS DOCUMENT NO. 11193094, BEING A REDIVISION OF LOTS 1, 2 AND 3 OF CERTIFIED SURVEY MAP NO. 8866, BEING A PART OF THE SOUTHWEST 1/4 AND NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 6 NORTH, RANGE 21 EAST, IN THE CITY OF WEST ALLIS, COUNTY OF MILWAUKEE, STATE OF WISCONSIN.

Recording Area

Name and Return Address
Foley & Lardner LLP
c/o Joshua P. Roling
777 E. Wisconsin Avenue
Milwaukee, WI 53202

Part of 454-0648-000

Parcel Identification Number (PIN)

This is not homestead property. (is) (is not)

Grantor warrants that the title to the Property is good, indefeasible in fee simple and free and clear of encumbrances except: easements, covenants and restrictions of record.

Dated December 21, 2021

Community Development Authority of the City of West Allis (SEAL)

By: [Signature]
Name: Patrick Schlos
Title: Executive Director

AUTHENTICATION

Signature(s) [Signature]
authenticated on 12/21/21

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
COUNTY)

* Kait Decker ssn: 1063074
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by Wis. Stat. § 706.06)

Personally came before me on the above-named to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT DRAFTED BY:

Attorney Joshua P. Roling, Foley & Lardner LLP
777 E. Wisconsin Ave., Milwaukee, WI 53202

* Notary Public, State of Wisconsin
My Commission (is permanent) (expires:)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

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* Type name below signatures.