TICUR TO SURANCE Merriliville, Indiana

een approved by the indiana state bar association for use by lawyers only. The selection of a form of instrument, filling in blank spaces, striking out provisions and insertion of special clauses, constitutes the Practice of Law and May only be done by a Lawyer.

Mail tax bills to: 13452 OSBORNE ST.

CEDAR LAKE, IN 46303

## WARRANTY DEED

This indenture witnesseth that

DAIN M. ALLANDE AND NANCY L. ALLANDE, HUSBAND AND WIFE

LAKE

County in the State of

INDIANA

Tax Key No.:

Convey and warrant to

CHARLES R. BROWN AND KIMBERLY J. BROWN.CO HUSBAND AND WIFE

LAKE

County in the State of

INDIANA

for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION the receipt whereof is hereby acknowledged, the following Real-Estate in

in the State of Indiana, to wit:

County

The real estate and premises commonly known as 13452 Osborne Street, in the Town of Cedar Lake, County of Lake, State of Indiana, and more particularly described as follows, to-wit:

Lot 19 in Hanover Plat "D" an Addition to the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 47 page 108, in the Office of the Recorder of Lake County, Indiana. the Lake County Recorder!

Subject to real estate taxes for 1989 payable in 1990, together with delinquency and penalty, if any, and all real estate taxes due and payable thereafter.

Subject to recorded liens, encumbrances, easements, restrictions, ditches and drains, highways and legal rights of way, and matters which would be disclosed by an accurate survey or inspection of the premises.

> DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

AUDITOR LAKE

State of Indiana,

Lake\*

County, ss:

Before me, the undersigned, a Notary Public in and for said County. *19*90 13th day of December and State, this personally appeared:

> DAIN M. ALLANDE AND NANCY L. ALLANDE, HUSBAND AND WIFE

Dated this 13th Day of December

DAIN M. ALLANDE

nowledged the execution of the foregoing deed. In witness? picial teal. My commission expires hto subscribed my name and affixed my of-

Resident of \_\_PORTER:

\_ County.

INDIANA Allora THOMAS K. HOFFMAN, ONE PROFESSIONAL CENTER, CROWN POINT,