

163298

TICOR TITLE INSURANCE  
Merrillville, Indiana

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Mail tax bills to: **92001829**  
3933 Grace Street  
East Chicago, IN 46312

Tax Key No.:

# WARRANTY DEED

This indenture witnesseth that

**JOSE A. ESPINOZA AND VALENTINE A. ESPINOZA,**  
HUSBAND AND WIFE

of **LAKE**

County in the State of

**INDIANA**

Convey and warrant to

**SALVADOR RIVERA SR.**

of **LAKE**

County in the State of

**INDIANA**

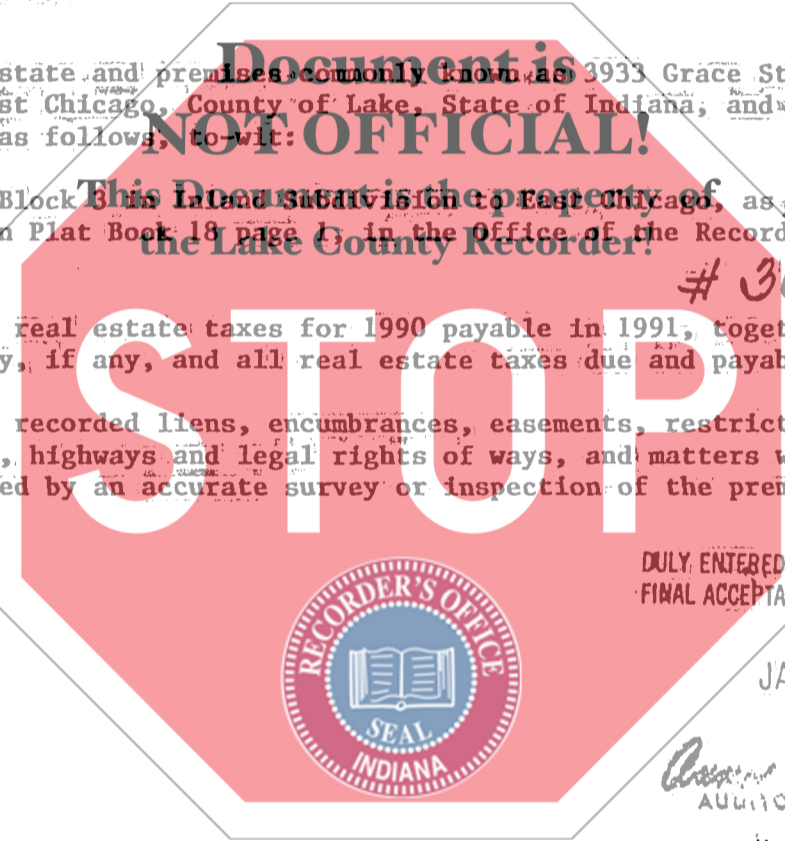
for and in consideration of **TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION**  
the receipt whereof is hereby acknowledged, the following Real Estate in **LAKE** County  
in the State of Indiana, to wit:

The real estate and premises commonly known as **3933 Grace Street**, in the  
City of **East Chicago**, County of **Lake**, State of **Indiana**, and more particularly  
described as follows, to-wit:

**Lot 21 in Block 8 and subdivision to East Chicago**, as per plat thereof,  
recorded in Plat Book **18** page **1**, in the Office of the Recorder of Lake County,  
Indiana.

Subject to real estate taxes for 1990 payable in 1991, 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 ways, 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.

JAN 9 1992

*James N. Antox*  
AUDITOR LAKE COUNTY

State of **Indiana**, **Lake** County, ss:  
Before me, the undersigned, a Notary Public in and for said County  
and State, this **18th** day of **December** 19 **91**  
personally appeared:

**JOSE A. ESPINOZA AND VALENTINE A. ESPINOZA,**  
HUSBAND AND WIFE

Dated this **18th** Day of **December** 19**91**

*Jose A. Espinoza*  
JOSE A. ESPINOZA  
*Valentine A. Espinoza*  
VALENTINE A. ESPINOZA

And acknowledged the execution of the foregoing deed. In witness  
whereof, I have hereunto subscribed my name and affixed my of-  
ficial seal. My commission expires **October 2** 19 **93**

*Paula Barrick*  
Paula Barrick Notary Public

Resident of **Lake** County.

00287 *700 to*

46307

This instrument prepared by **THOMAS K. HOFFMAN, ONE PROFESSIONAL CENTER, CROWN POINT INDIANA** Attorney at Law