THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

Mail tax bills to:

94025460

530 WEST 56th PLACE MERRILLVILLE, IN

WARRANTY DEED



THIS INDENTURE WITNESSETH, That GERALYN M. SWISHER

("Grantor") of CONVEYS AND WARRA	LAKE Count NTS TO LEON D. SHARP	y in the State of	INDIANA	
	KE County in the State Pollar and other valuable considera tate in LAKE	tion, the receipt and		reby acknowledged, the
THE TOWN OF	OCK "M" IN MEADOWLAN MERRILLVILLE, AS PER BOOK 31 PAGE 7, IN TI	R PLAT THERE	OF, RECORDED SEI	PTEMBER 15,
COMMONLY KN	IOWN AS: 530 WEST 56th MERRILLVILL			
SUBJECT TO I DELINQUENCY PAYABLE THE	REAL ESTATE TAXES FO AND PENALTY, IF ANY REAFTER.	OR 1992 PAYAB	LE IN 1993, TOGET EAL ESTATE TAXES	HER WITH BOULE AND
SUBJECT TO I	RECORDED LIENS, ENCL DRAINS, HIGHWAYS AN	JMBRANCES, EA	ASEMENTS, RESTR	ICTIONS,
	the Lake C	County Recor	der!	,
Caroly M. SWISTERS Dated this 16th day (Signature) GERALYN M. SWISTERS DATED TO SW	usker	(Signature) BY: PETER	L. PAIRITZ AS ATI	ORNEY IN FACT
(Printed Name)		(Printed Na		
(Signature)		(Signature)		
(Printed Name)		(Printed Na	me)	S. A.
STATE OF INDIANA COUNTY OF	LAKE SS:	WOIANA		STATE OF FILES
personally appeared: GE AND BY PETER I. PA	l, a Notary Public in and for said Co RALYN SWISHER BY PE IRITZ THE ATTORNEY IN FAC itness whereof, I have hereunto subs	TER I.PAIRITZ CT	AS ATTORNEY and and action	My Jelm Line Recuition
My commission expires:	4/15/94	Signature Like	un Ludinger	VION
Resident of	Lake County	Printed Patric	ia Ludington 000.	Notary Public
STATE OF	SS:			mander and engine of the second

Before me, the undersigned, a Notary Public in and for said County and State, this ______day of ____

This instrument prepared by Patrick J. McManama, P.C.

of the foregoing deed. In witness whereof, I have hereunto subscribed my name and afternoon for transfer to Final acceptance for transfer.

_____County Printed ____

Signature ___

personally appeared:

Resident of _

MAIL TO:

My commission expires:

Attorney Identification No. __9534-45_____.

AUDITOR LAKE COUNTY

MAR 2 3 1394

and acknowledged the execution

_, Notary Public