

Citation Federal
704 Ridge Mountain

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:
405 N. Prairie Street
Crown Point, IN 46307

Key Number:
9-245-21

WARRANTY DEED

THIS INDENTURE WITNESSETH, That CLIVA DON HONEYCUTT
94031307

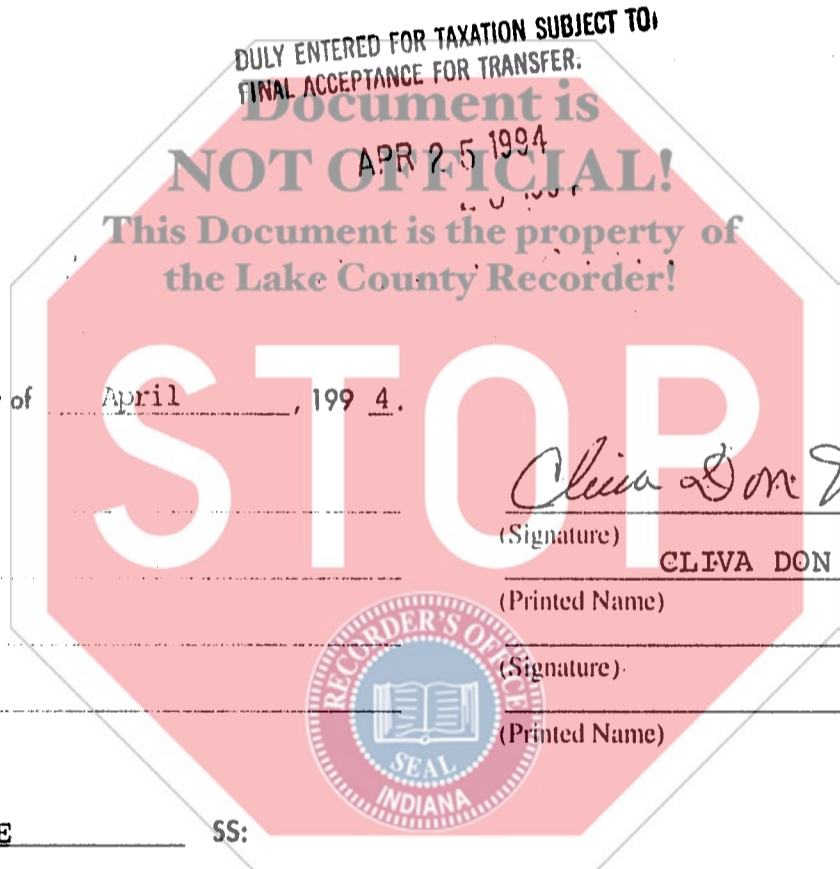
(Grantor) of Lake County in the State of Indiana
CONVEYS AND WARRANTS TO CLIVA DON HONEYCUTT and ROSEMARY P. HONEYCUTT,
husband and wife,

of Lake County in the State of Indiana
in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

Lot 21 in Morning Sun Homes, in the City of Crown Point, as per plat thereof, recorded in Plat Book 31, page 63, in the Office of the Recorder of Lake County, Indiana.
(Commonly known as 405 N. Prairie Street, Crown Point, IN 46307.)

TIGOR TITLE INSURANCE
Crown Point, Indiana

186145



Dated this 21st day of April, 1994.

(Signature) Cliva Don Honeycutt (Signature)
(Printed Name) CLIVA DON HONEYCUTT (Printed Name)
(Signature) _____ (Signature)
(Printed Name) _____ (Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned a Notary Public in and for said County and State, this 21 day of April, 1994, personally appeared: CLIVA DON HONEYCUTT

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: August 5, 1994 Signature Jan McGrath

Resident of Indiana Lake County Printed Jan McGrath Notary Public

STATE OF _____
COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 199____ personally appeared:

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal:

My commission expires: _____ Signature _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by JOHN E. CHEVIGNY, GALVIN, GALVIN & LEENEY, 5231 Attorney at Law
Attorney Identification No. 3205-45 Hohman Avenue, Hammond, IN 46320

MAIL TO:

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