CO 185820 THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ifa form of instrument, filling in blank spaces, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTI F LAW WHICH SHOULD ONLY BE DONE BY A LAWYER. Mail:tax.bills to? 2523 WEST LINCOLN HIGH 624 MERRILLVILLE, IN 46410 THIS INDENTURE WITNESSETH, That Paul H. Kroth and AMHEL CRUENoth RECORDER ("Grantor,") of Lake County in the State of Indiana CONVEYS AND WARRANTS TO Robert M. Galocy and Judith Galocy, Husband and Wife of County in the State of Lake 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-County, in the State of Indiana: Lake Lots 27 and 28 in Independence Hill Third Addition to City of Crown Point, as per plat thereof, recorded in Plat Book 24, page 69, in the Office of the Recorder of Lake County, TAX KEY NO :: 15-145-27, 28 SUBJECT TO: All taxes payable, easements and restrictions of record. More commonly described as: 2523 W. Linclon Highway Merrillville, IN 46410 DULY ENTERED FOR TAXATION SUBJECT TO This Document is the property o FINAL ACCEPTANCE FOR TRANSFER. the Lake County Recorder! APR 2 6 1994 ci day of Dated this AUDITOR LAKE (Signature) PAUL H. KLOTH JOAN E. KLOTH (Printed Name) (Printed Name) Signature) (Signature) (Printed Name) (Printed Name). STATE OF INDIANA Florida COUNTY OF SAPASOTA Paul H. Kloth, Grantor and Joan E. Kloth, Grantor personally appeared: and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. Signature My commission expires: County Printible MINESONE IN NELSON , Notary Public Resident of SARASOTA STATE OF FLORIDA 1D: PK Notary My Comm Exp6/6/94 Public BONDED STATE OF INDIANA SS: COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said/County and State, this _____day of __ personally appeared: and acknowledged the execution of the foregoing deed. In witness whereof; Phave hereunto subscribed my name and affixed my official seal. My commission expires: Signature _____ County Printed ______, Notary Public Resident of

This instrument prepared by FRANK J. KOPRCINA, 5681 Broadway, Merrillville, IN Attorney at Law

Attorney Identification No. <u>15.7.72-45.</u>

MAIL TO:

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