

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:
1019 FAIRWAY COURT
CROWN POINT, IN 46307

KEY NO. 10-45-35

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

***** GENEVIEVE COPLEN and SHARLA R. COPLEN, as Joint Tenants with Rights of Survivorship *****

("Grantor") of Lake County in the State of Indiana
CONVEYS AND WARRANTS TO

***** CHRIS PAWLIKOWSKI and SUSAN PAWLIKOWSKI, husband and wife *****

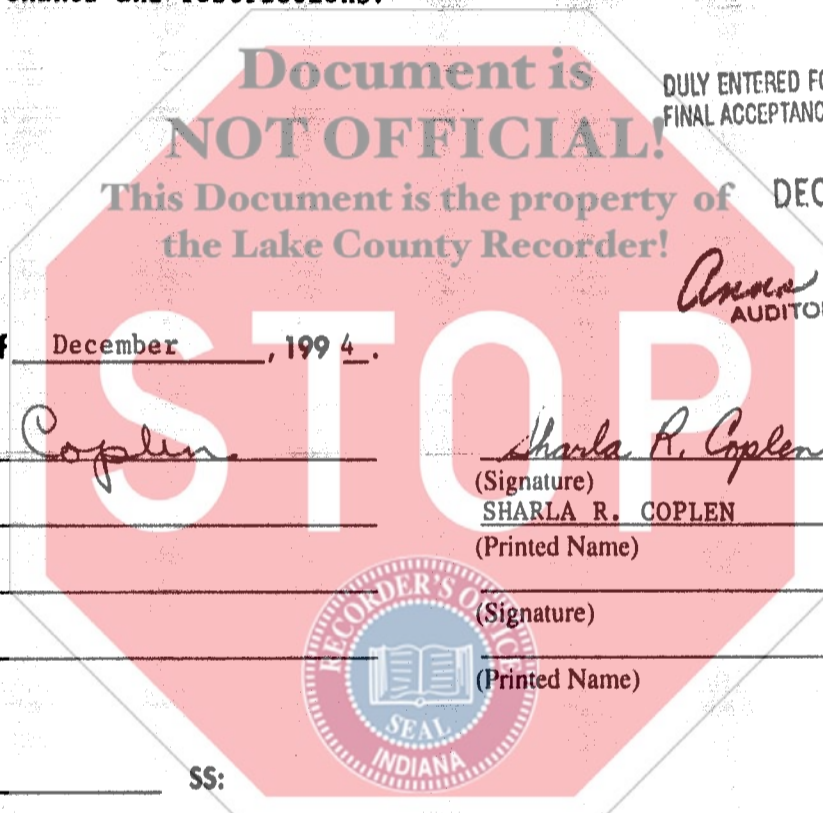
of Lake County in the State of Indiana

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:

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Lot 35 in Lakes of the Four Seasons, Unit No. 1, as per plat thereof, recorded in Plat Book 37, page 63, in the Office of the Recorder of Lake County, Indiana.

SUBJECT TO: Taxes for 1994 and subsequent years, building lines, easements, covenants and restrictions.



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

DEC 6 1994

Anna M. Anton
AUDITOR LAKE COUNTY

Dated this 1st day of December, 1994.

Genevieve Coplen

(Signature)
GENEVIEVE COPLEN

(Printed Name)

Sharla R. Coplen

(Signature)
SHARLA R. COPLEN

(Printed Name)

94082284

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 1st day of December 1994, personally appeared: GENEVIEVE COPLEN and SHARLA R. COPLEN 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: 4-20-97
Resident of Lake County

Signature *Angie Konchar*
Printed ANGIE KONCHAR
Notary Public

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
94 DEC 6 PM 5:50
SAMUEL ORLICH
RECORDER

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 RICHARD A. ZUNICA, 162 Washington Street, Lowell, IN 46356 Attorney at Law
Attorney Identification No. 1504-45
MAIL TO:

000264 *JD*