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Mail tax bills to:

4732 HICKORY AVENUE
HAMMOND IN 46327

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

DORIS RILEY

("Grantor") of LAKE
CONVEYS AND WARRANTS TO

County in the State of INDIANA
MARIA L. GRACIANO

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:

THE SOUTH 15 FEET OF LOT 8 AND ALL LOT 9 IN BLOCK 1 IN BIRKHOFF'S ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5 PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA,

KEY 32-57-10 & 11
COMMONLY KNOWN AS: 4732 HICKORY AVENUE, HAMMOND INDIANA 46327

SUBJECT TO PAST AND CURRENT YEAR REAL ESTATE TAXES.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.

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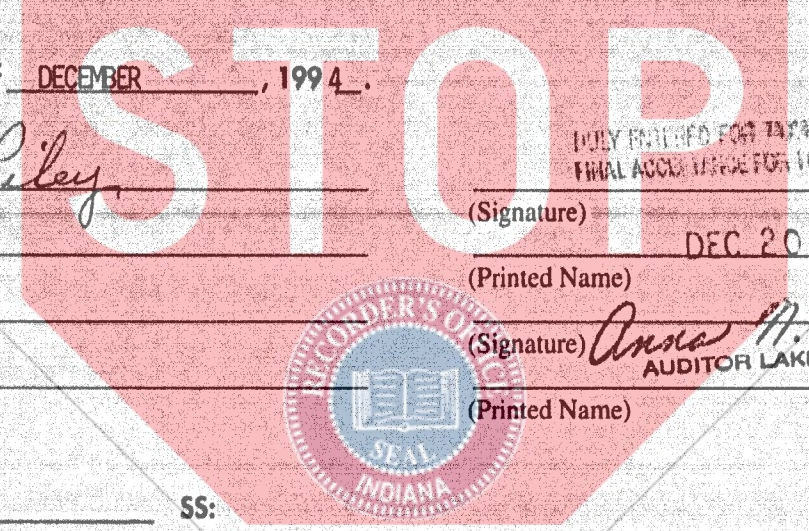
SAMUEL ORLICH
RECORDER

FILED FOR RECORD

STATE OF INDIANA
LAKE COUNTY

Document is NOT OFFICIAL!
KEY NO# 32-57-10 & 11

This Document is the property of the Lake County Recorder!



Dated this 16TH day of DECEMBER, 1994.

Doris Riley
(Signature) _____
DORIS RILEY
(Printed Name)

[Signature]
(Signature) _____
DEC 20 1994
(Printed Name)

[Signature]
(Signature) _____
(Printed Name)

Anna M. Antonio
(Signature) _____
AUDITOR LAKE COUNTY
(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 16TH day of DECEMBER, 1994 personally appeared: DORIS RILEY

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: 10-17-98 Signature *[Signature]*

Resident of LAKE County Printed LINDA S. WOOD, 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 Robert B. Leopold; 8242 Calumet Ave., Munster, IN 46321 Attorney at Law
Attorney Identification No. 8767-45

MAIL TO:

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001035 *K*