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Mail tax bills to:

7143 Montana Avenue
Hammond, Indiana 46323

WARRANTY DEED

THIS INDENTURE WITNESSETH, That **FRANK WALTER PODSIADLIK and MARY ELLEN PODSIADLIK, Husband and Wife**

("Grantor") of **LAKE** County in the State of **INDIANA**
CONVEYS AND WARRANTS TO **MARK A. PODSIADLIK**

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:

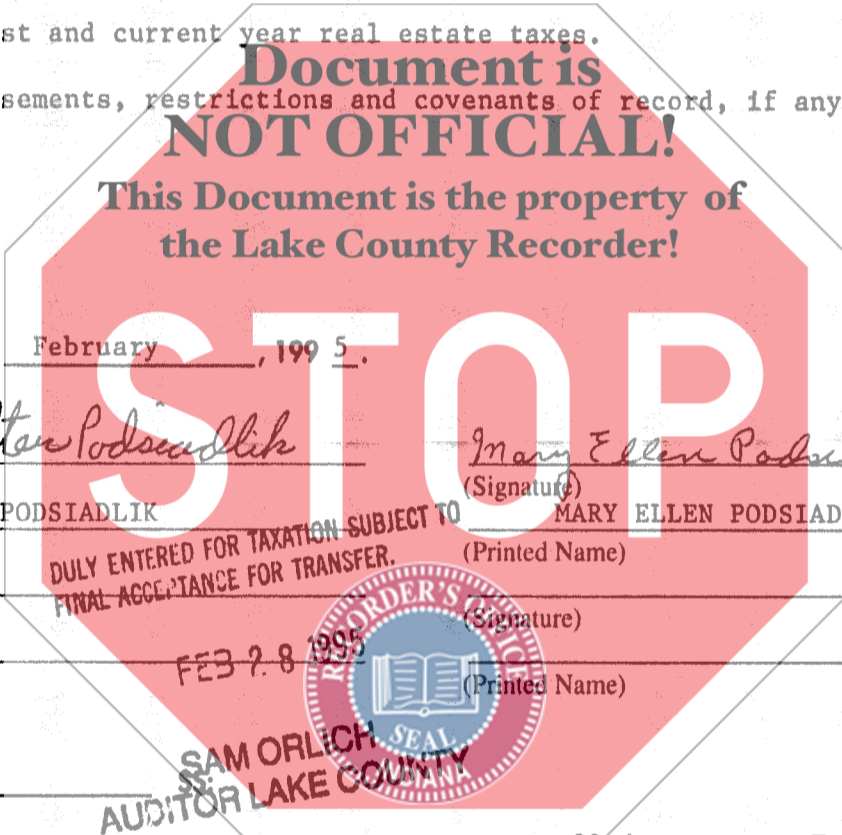
Lot 12 in Block 4 in E. H. Lewis' Grand Park Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 24 page 78, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7143 Montana Avenue, Hammond, Indiana 46323

Key No. 26-34-291-12

Subject to past and current year real estate taxes.

Subject to easements, restrictions and covenants of record, if any.



95010872

Dated this 23rd day of February, 1995.

Frank Walter Podsiadlik
(Signature)
FRANK WALTER PODSIADLIK
(Printed Name)

Mary Ellen Podsiadlik
(Signature)
MARY ELLEN PODSIADLIK
(Printed Name)

(Signature)
(Printed Name)

(Signature)
(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this 23rd day of February, 1995, personally appeared: **FRANK WALTER PODSIADLIK and MARY ELLEN PODSIADLIK**

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: JUNE 7, 1996 Signature Thomas G. Schiller

Resident of LAKE County Printed THOMAS G. SCHILLER, 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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