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**Mall tax bills to:**

16731 Mount Street  
Lowell, Indiana 46356

# WARRANTY DEED

**THIS INDENTURE WITNESSETH, That**

ROBERT C. HASS AND MARGUERITE A. HASS

("Grantor") of LAKE  
CONVEYS AND WARRANTS TO

County in the State of INDIANA  
TROY L. BRIGHT AND STACEY J. BRIGHT, HUSBAND AND WIFE  
AS TENANTS BY THE ENTIRETY

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 2 IN WHISPERING OAKS UNIT 2, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 45 PAGE 110, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 16731 MOUNT STREET  
LOWELL, INDIANA 46356

SUBJECT TO SPECIAL ASSESSMENTS, PAST AND CURRENT YEAR REAL ESTATE TAXES TOGETHER WITH DELINQUENCY AND PENALTY, IF ANY, AND ALL REAL ESTATE TAXES DUE AND PAYABLE THEREAFTER.

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

KEY NO. 3-207-2

COMMUNITY TITLE COMPANY  
FILE NO. 11052

95031754



Executed this 26th day of May, 1995.

*Robert C. Hass*  
(Signature) ROBERT C. HASS

*Marguerite A. Hass*  
(Signature) MARGUERITE A. HASS

(Printed Name)

(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 26th day of May, 1995, personally appeared: ROBERT C. HASS AND MARGUERITE A. HASS

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: 4/15/98 Signature *Patricia Ludington*

Resident of Lake County Printed Patricia Ludington, 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 PATRICK J. MCMANAMA P.C. Attorney at Law  
Attorney Identification No. 9534-45

MAIL TO:

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