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Mail tax bills to:
4441 King Court
Gary, Indiana 46408

WARRANTY DEED

THIS INDENTURE WITNESSETH, That ROBERT M. DAYHOFF

("Grantor") of LAKE County in the State of INDIANA
CONVEYS AND WARRANTS TO GARY C. HOFER and STACEY L. HOFER, 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:

Lot 5 in Parkview Manor, as per plat thereof, recorded in Plat Book 33 page 20, in the Office of the Recorder of Lake County, Indiana.

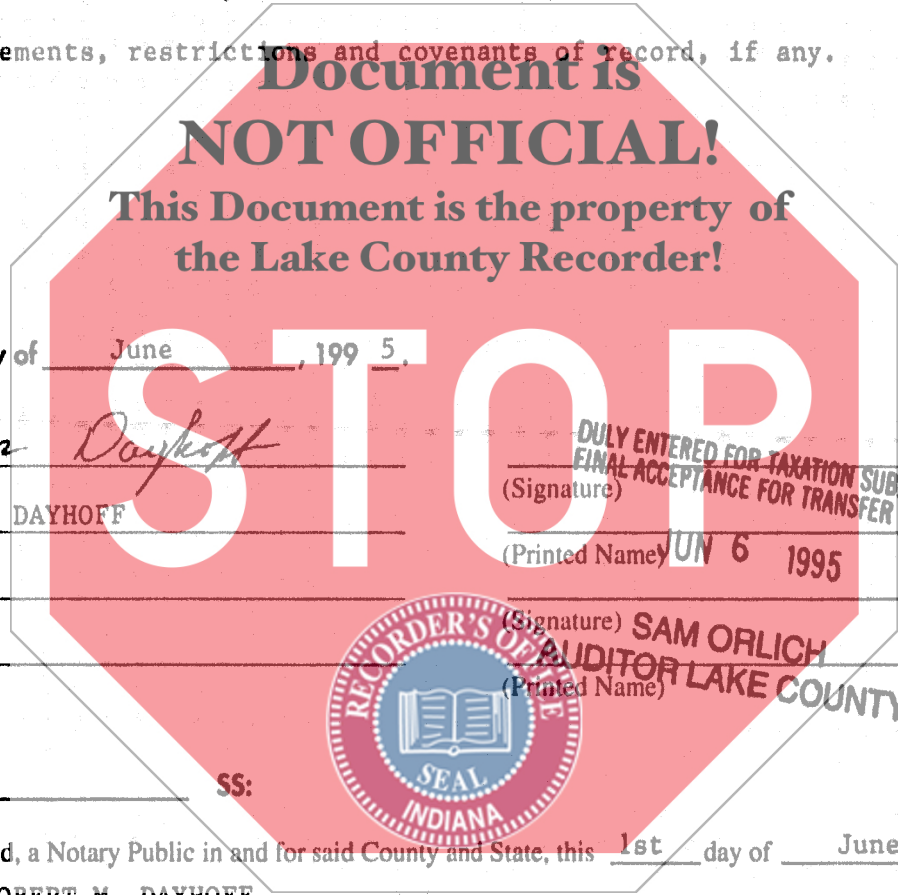
Commonly known as: 4441 King Court, Gary, Indiana 46408

Key No. 1-39-506-5

Subject to past and current year real estate taxes.

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

95031938



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER
95 JUN -7 AM 9:11

Dated this 1st day of June, 1995.

Robert M. Dayhoff
(Signature) ROBERT M. DAYHOFF
(Printed Name)

[Signature]
(Signature) DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
(Printed Name) JUN 6 1995

(Signature)
(Printed Name)

[Signature]
(Signature) SAM ORLICH
(Printed Name) AUDITOR LAKE COUNTY

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 June, 1995, personally appeared: ROBERT M. DAYHOFF

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: OCTOBER 18, 1996 Signature *Awilda Galvan*

Resident of LAKE County Printed AWILDA GALVAN, 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 *[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:

[Handwritten initials]