

COM 196519 - TICOR 'H.O.

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Mail tax bills to:

1518 ATLAS
HAMMOND, IN 46320

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

SCOTT A. SICKLES, SR.

("Grantor") of LAKE County in the State of INDIANA
CONVEYS AND WARRANTS TO
ISIAH JACKSON

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 3 IN BLOCK 6 IN TEWES PARK ADDITION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

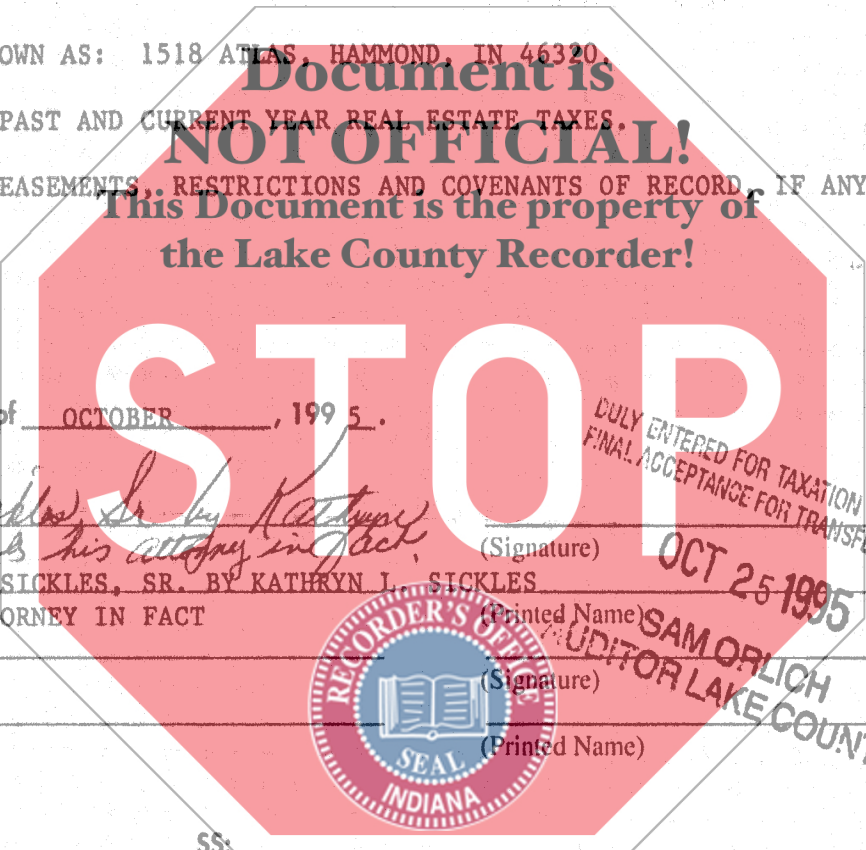
KEY NO. 26-36-188-3.

COMMONLY KNOWN AS: 1518 ATLAS, HAMMOND, IN 46320.

SUBJECT TO PAST AND CURRENT YEAR REAL ESTATE TAXES.

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

Document is NOT OFFICIAL!
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95 OCT 26 AM 9:04

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARETTE CLAY AND
RECORDER

Dated this 19TH day of OCTOBER, 1995.

Scott A. Sickles, Sr. by Kathryn L. Sickles
(Signature) SCOTT A. SICKLES, SR. BY KATHRYN L. SICKLES

(Printed Name) HIS ATTORNEY IN FACT

Kathryn L. Sickles
(Signature) KATHRYN L. SICKLES

(Printed Name) KATHRYN L. SICKLES

(Signature)

(Printed Name)



OCT 25 1995
SAM ORLICH
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 19TH day of OCTOBER, 1995, personally appeared: SCOTT A. SICKLES, SR. BY KATHRYN L. SICKLES HIS ATTORNEY IN FACT 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: 10-18-96 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 _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661 Attorney at Law
Attorney Identification No. 8767-45
MAIL TO:

001526

10.00
to
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