THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES,
STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

Mail tax bills to:

THE COMPAN

6194 South Colorado Hobart, IN 46342

WARRANTY DEED

Key No. 53-7-21

THIS INDENTURE WITNESSETH, That

JOHN G. BRUGOS

('Grantor") of LAKE
CONVEYS AND WARRANTS TO

County in the State of

INDIANA

WILLIAM GERUSKA AND VICKI J. GERUSKA, HUSBAND AND WIFE

LAKE County in the State of

INDIANA

consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Dollowing described real estate in LAKE County, in the State of Indiana:

THE SOUTH 1/2 OF THE NORTH 1/4 OF THE SOUTH 1/2 OF THE NORTH 1/2 OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 11, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA. 6194 South Colorado nt Commonly known as: Subject to past and current year real estate taxes together with delinquency and peralty cifrany, tand the real estate taxes due and payable thereafter Lake County Recorder! Subject to easements, restrictions and covenants of record, if any. Dated this 30th day of (Signature) (Signature) JOHN G. BRUGOS (Printed Name) DULY ENTERED FOR TAXATION STEPPET TO FINAL ACCUPTANCE FOR TRANSFER (Signature) (Printed Name) STATE OF INDIANA COUNTY OF Lake October and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal Signature My commission expires: Lake Patricia Lydington Resident of _____ _County Printed PATRICIA LUDINGTON NOTARY PUBLIC STATE OF INDIANA STATE OF LAKE COUNTY MY COMMISSION EXPIRES 4/15/98 **COUNTY OF** day of Before me, the undersigned, a Notary Public in and for said County and State, this ____ 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 ____ _____County Printed _____ Resident of ___ This instrument prepared by Patrick McManama, 5265 Commerce Dr., Suite E. Crown Point, IN 46307 Attorney at Law Attorney Identification No. __ID# 9534-45 MAIL TO: