TRIS 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.

52-65-13

10384 Siedelman Court, St. John

THIS INDENTURE WITNESSETH, That Gary A. Panozzo and Mary Jane Panozzo, husband and wife

Lake ("Grantor") of CONVEYS AND WARRANTS TO

Indiana County in the State of

Robert S. Barrix

County in the State of Lake 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 371 in Homestead Acres 15th Addition, Unit 1, to the Town of St. John, as per plat thereof, recorded in Plat Book 63 page 23, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 10384 Siedelman Court, St. John, IN Subject to past and current year real estate taxes. Subject to easements, restriction NOT OFFICIAL!

> This Document is the property of the Lake County Recorder!

Dated this 10th day of November Gary A. Pan GREPENTERED FOR TAXATION SUBJECT TO (Signature) KINAL ACCEPTANCE FOR TRANSFER. Jane (Printed Name) (Bonted Name) (Signature) (Signature)

(Printed Name)

(Printed Name) AUDITOR

STATE OF INDIANA COUNTY OF

Before me, the undersigned, a Notary Public in and for said County and State, this 10th day of November personally appeared: Gary A. Panozzo and Mary Jane Panozzo, husband and wife 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:8/30/98 Signature .

Denise K. Zawada Lake County Printed , Notary Public Resident of _

STATE OF **COUNTY 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.

Signature ___ My commission expires:

_____, Notary Public ___County Printed ___ Resident of _____

This instrument prepared by ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661 Attorney at Law

Attorney Identification No. MAIL TO: