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Mail tax bills to:
6359 Maryland Ave
Hammond, IN 46323

WARRANTY DEED

THIS INDENTURE WITNESSETH, That DOWENPORT, INC.

("Grantor") of Lake County in the State of Indiana
CONVEYS AND WARRANTS TO CLIFFORD HAAGER AND HELEN HAAGER, HUSBAND AND WIFE

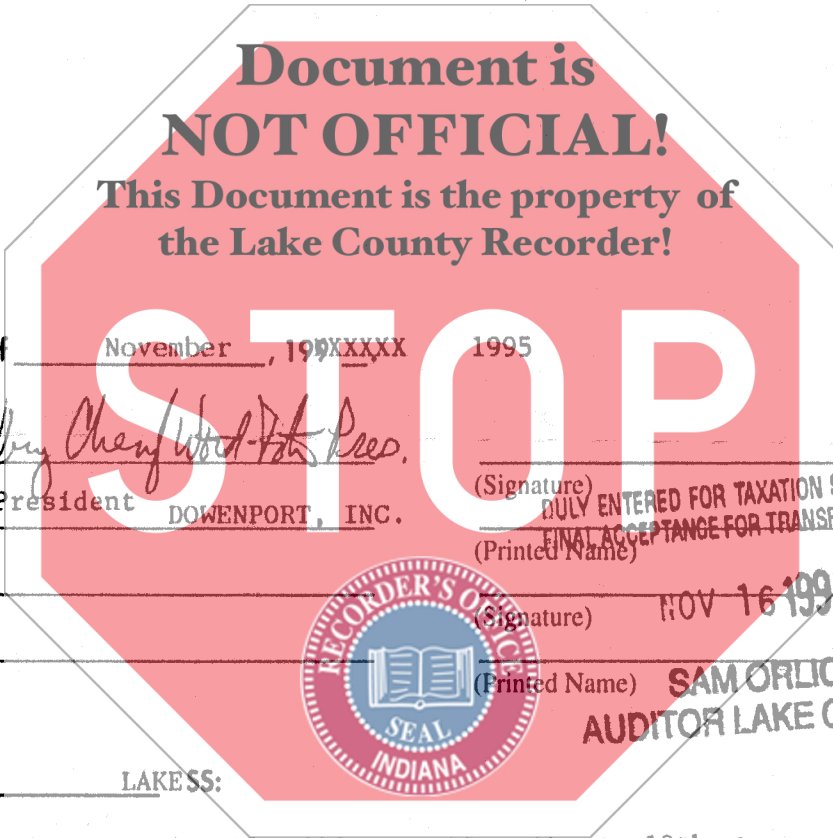
of Lake County in the State of Indiana
in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 13 IN BLOCK 5 IN EASTGATE SUBDIVISION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30 PAGE 16, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. *33-226-13*

Commonly known as: 6359 MARYLAND AVE., HAMMOND, IN 46323.

Subject to past and current year real estate taxes.

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



95070418

Dated this 13th day of November, 1995

Cheryl Wood-Porter
(Signature) Cheryl Wood-Porter, President DOWENPORT, INC.
(Printed Name)

(Signature) _____
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.
(Printed Name)

(Signature) _____
(Printed Name)

(Signature) _____
(Printed Name) SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
COUNTY OF LAKE SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 17 AM 9:55
MARGARETTE CLEVELAND
RECORDER

Before me, the undersigned, a Notary Public in and for said County and State, this 13th day of November, 1995, personally appeared: DOWENPORT, INC. by Cheryl Wood-Porter, President

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: 10-24-96 Signature *Gloria Miller*

Resident of LAKE County Printed GLORIA MILLER 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:

000989

*10.00
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