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

01601, yT called

THIS INDENTURE WITNESSETH, That

("Grantor") of CONVEYS AND WARRANTS TO

Lake

County in the State of ANTHONY D. KASTELIC

County in the State of

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

> The real estate commonly known as 9138 North Cline, Highland, IN and legally described as follows:

The South 82.5 feet of the North 495.26 feet of the East 666.5 feet of the Southeast 1/4 of the Northeast 1/4 of Section 27, Township 36 North, Range 9 West of the 2nd Principal Meridian, in the Town of Highland, Lake County, Indiana, except the West 450 feet thereof.

Subject to all covenants, restrictions and easements of record.

Subject to the taxes for the last half of the due and payable in November, 1995 and taxes for all subsequent years

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Dated this 14	day ol	November	, 1995.				5 0
				Ra	lakt,	Wins	low
(Signature)	Market (Market	and the second s		(Signature) RALPH H	. WINSLOW	Link Against 2019	u k apa
(Printed Name)		1	W. Color	O(Printed Nar	me) BLILV ENTERED FOR	TAXATION SER.	ect 10
(Signature)				(Signature)	PULY ENTERED FOR FINAL ACCEPTANCE	-400K	ADC.

STATE OF INDIANA AUDITOR L COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, this day of

Printed Name)

personally appeared: Ralph H. Winslow

and acknowledged the execution

of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed thy official Signature My commission expires:

_County Printed <u>Lori L. Bruder</u> Resident of

STATE OF

Before me, the undersigned, a Notary Public in and for said County and State, this ____

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:

____County Printed _____ _____, Notary Public Resident of _____

This instrument prepared by ____ PAUL J. GIORGI, One Professional Center, Suite 204, 7147-45 2100 N. Main Street, Crown Point, IN 46307 Attorney at Law Attorney Identification No. ___

MAIL TO:

(Printed Name)