MAIL TAX BILLS TO:

FRANCES M. PETRITES

6151 Maryland

Merrillwiller

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FRANCES PETRITES

GRANTOR(%) of

Lake

County in the State of

Indiana

THE FRANCES M. PETRITES REVOCABLE TRUST DATED August 18, 1995, executed in Lake County , State of Indiana,

CONTROL REPORT OF THE PROPERTY OF THE PROPERTY

in consideration of One Dollar (\$1.00) 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:

> All of Lot 37 and the South One-half of Lot 39, in 2, Tolleston Land Company's Subdivision, in the City of Gary, Lake County, Indiana.

> Lots 35 and 36, Block 2, Tolleston Land Company's Second Addition to Tolleston, in the City of Gary, as shown in Plat Book 7, page 36, in Lake County, Indiana. 47-140-38+39

Lots 34 and 38, and the North One-half of Lot 39, Second 5 Tolleston Land Company's 2, in the City of Gary, Lake County, Addition, Indiana. 47-160-37, 4 404410

Dated this <u>11th</u> day of___

- of for	nces	معرير	m	<u>aa</u>
(Signature)	DD SMODO			

FRANCES PETRITES

(Printed Name)

(Signature)

Key Numbers: 47-0160-0037 through

(Printed Name)

(Signature) **DULY ENTERED FOR TAXATION SUBJECT TO** (Printed Name)

(Printed Name)

(Signature)

SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA

LAKE COUNTY OF....

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of. personally appeared: FRANCES PETRITES

and acknowledged the execution

of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

County Printed.

Signature _

STATE OF

Resident of

Before me, the undersigned, a Notary Public in and for said County and State, this_____day of_

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

001

Signature _ My commission expires: _

_, Notary Public _ County Printed . Resident of _ America L. McAlpin, 9006 Indianapolis Blvd.

This instrument prepared by _ Attorney Identification No. -

MAIL TO:

PRINTED BY THE ALLEN COUNTY INDIANA BAR ASSOCIATION