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 CLAUSER, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TO:

Steven D. Dilbeck 1429 Roberts Avenue 46394 Whiting, IN

MUTCLAMM DEED

THIS INDENTURE WITHESSETH, that

Peggy A. Dilbeck

GRANTOR(S) of

Lake

County in the State of

Indiana

OUITCLAIM(S) to

Steven D. Dilbeck

GRANTEE(S) of

Lake

County in the State of

Indiana

in consideration of One Dollar (\$1 (00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged. County, in the State of Indiana: the following described real estate in

> The real estate commonly known as 1429 Roberts Avenue, Whiting, IN 46394, and legally described as follows:

The North 25 feet of Lot 6, Block 1, Agnes Roberts Subdivision, as shown in Plat Book 2, page 20, Lake County, Indiana.

Dated this 35 day of Canuacy, 1996. (Signature)/

(Signature) (Printed Name)

DALLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

(Signature)

2 **1996** FEB

(Printed Name)

Dilbeck

(Signature)

Peggy

(Printed Name)

(Printed Name)

SAM ORLICH AUDITOR LAKE COUNTY STATE OF INDIANA COUNTY OF Lake

and acknowledged the execution

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

(mmmmmmmmmm) My commission expires: ___ Lori L. Bruder Notary Public. Stelling Indiana Resident of _

* My Confinitation Expires

_, Notary Public

Porter County My Commission Expires 11/11/99 STATE OF COUNTY OF_

ગાંતલનાનાન **કું**ક્રનલનાના?

____ County

Notary Public State of Indiana
Porter County

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 _

Printed _

_____, Notary Public

This instrument prepared by _ Attorney Identification No. _

PAUL J. GIORGI, GIORGI & GIORGI, One Professional Center Attorney at Law 7147-45 Suite 204, 2100 N. Main Street, Crown Point, IN 46307

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Resident of ...

MAIL TO: