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Mail tax bills to:  
3704 175th Place  
Hammond, IN 46323

Key No. 35-415-37

# WARRANTY DEED

WEST INDIANA TITLE SERVICE, INC.  
162 Washington Street  
Lowell, Indiana 46356  
765-0727 or 696-0100

THIS INDENTURE WITNESSETH, That

\*\*\*\*\* ROY L. ALLEE and DONNA J. ALLEE, husband and wife \*\*\*\*\*

("Grantor") of Lake County in the State of Indiana  
CONVEYS AND WARRANTS TO

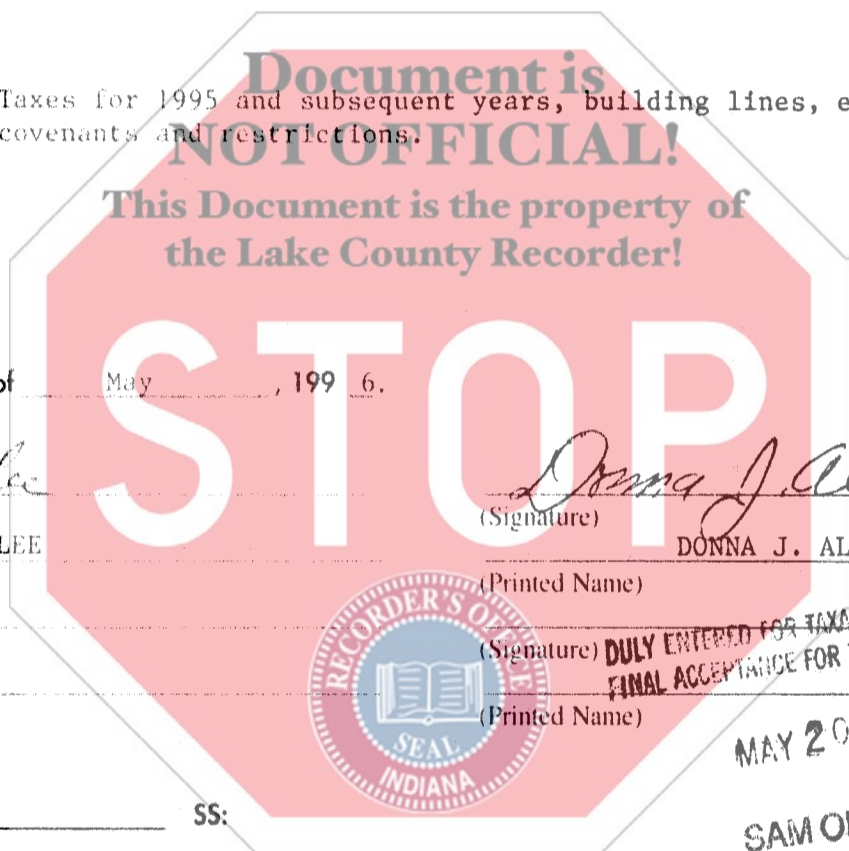
\*\*\*\*\* MICHAEL J. EUBANKS and CHRISTY A. EUBANKS, husband and wife \*\*\*\*\*

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 37 in Rose Claire Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 40, page 33, in the Office of the Recorder of Lake County, Indiana.

SUBJECT TO: Taxes for 1995 and subsequent years, building lines, easements, covenants and restrictions.



96033356

Dated this 17th day of May, 1996.

*Roy L. Allee*  
(Signature) ROY L. ALLEE  
(Printed Name)

*Donna J. Allee*  
(Signature) DONNA J. ALLEE  
(Printed Name)

(Signature)  
(Printed Name)

(Signature)  
(Printed Name)

STATE OF INDIANA  
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of May, 1996, personally appeared: ROY L. ALLEE and DONNA J. ALLEE, 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: 9-12-98 Signature *[Signature]*

Resident of Lake County Printed RICHARD A. ZUNICA, 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 *[Signature]*

Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

This instrument prepared by RICHARD A. ZUNICA, 162 Washington Street, Lowell, IN 46356 Attorney at Law  
Attorney Identification No. 1504-45

MAIL TO:

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