

Mail tax bills to:

10173 WALSH DR.
ST. JOHN, IN 46373

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

JEFFERY WOZNIEWSKI

("Grantor") of LAKE County in the State of INDIANA
CONVEYS AND WARRANTS TO

JOHN S. BENSON, JR., AND JOYCE A. BENSON, 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 42 IN OAK MEADOW SUBDIVISIONS UNIT ONE TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 69 PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

KEY NO. 40-52-73-17

COMMONLY KNOWN AS: 10173 WALSH DR., ST. JOHN, IN 46373

SUBJECT TO PAST AND CURRENT YEAR REAL ESTATE TAXES.

SUBJECT TO EASEMENTS, RESTRICTIONS, AND COVENANTS OF RECORD, IF ANY.

96027723

Dated this 23RD day of APRIL, 1996.

(Signature) 
JEFFERY WOZNIEWSKI

(Printed Name)

(Signature)

(Printed Name)

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.
APR 26 1996

SAM ORLICH
AUDITOR LAKE COUNTY

(Signature) _____

(Printed Name) _____

(Signature) _____

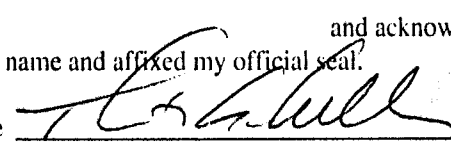
(Printed Name) _____

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR 29 AM 10:00
MARGARET C. CLEVELAND
RECORDER

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 23RD day of APRIL, 1996 personally appeared: JEFFERY WOZNIEWSKI

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: 06-07-96 Signature 

Resident of LAKE County Printed THOMAS G. SCHILLER, 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:

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