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Mail tax bills to:
17508 Calhoun Street
Lowell, IN 46356

Key No. 4-106-27

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

***** DOUGLAS W. BOLTON and CYNTHIA G. BOLTON, husband and wife *****

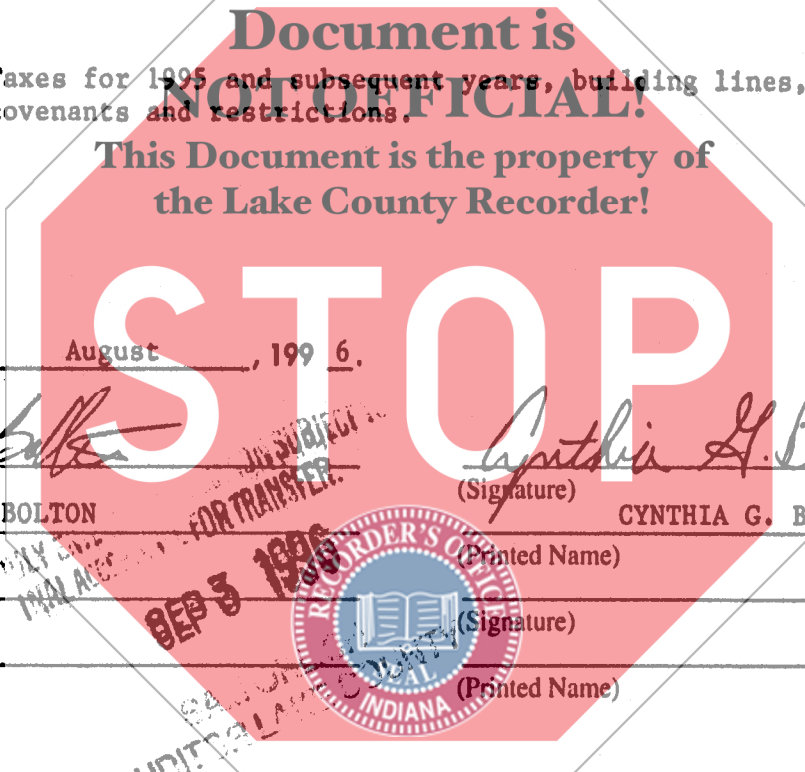
("Grantor") of Lake
CONVEYS AND WARRANTS TO

County in the State of Indiana
***** JEFFREY T. SMITH*****

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 following described real estate in Lake County, in the State of Indiana:

Lot 27 in Castlebrook Unit 2, Section 1, an Addition to the Town of Lowell, as per plat thereof, recorded in Plat Book 49, page 27, in the Office of the Recorder of Lake County, Indiana, and amended by a Certificate of Error dated January 8, 1979, and recorded January 11, 1979, as Document No. 511009.

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



0010-969 to 1210-997
54449 State of Indiana
10015 Washington Street
Lowell, IN 46356
769-7777

96058723

Dated this 30th day of August, 1996.

[Signature]
(Signature) DOUGLAS W. BOLTON
(Printed Name)

[Signature]
(Signature) CYNTHIA G. BOLTON
(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 30th day of August, 1996, personally appeared: Douglas W. Bolton and Cynthia G. Bolton, 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 _____
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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