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Mail tax bills to:
2566 Oakwood Drive
Crown Point, IN 46307

KEY NO. 10-72-9

WARRANTY DEED

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356
769-0727 or 695-0100

THIS INDENTURE WITNESSETH, That

***** LAURENCE B. STAZINSKI and KELLY J. STAZINSKI, husband and wife *****

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

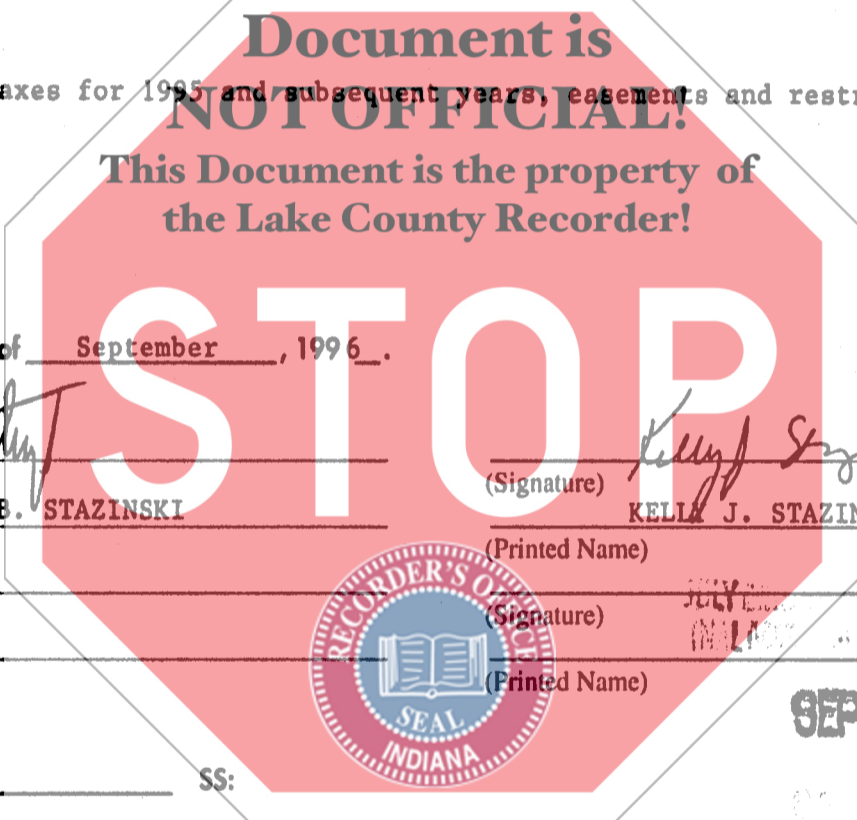
***** ELIZABETH A. GERKEN *****

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 43, Building No. 8, Parcel 3 Four Seasons Town Houses, Tract 106, Lakes of the Four Seasons, as shown in Plat Book 49, page 139, and amended by Amended Plat as shown in Plat Book 51, page 44, being a part of Tract 106, Lakes of the Four Seasons, Unit No. 1, as shown in Plat Book 37, page 63, in Lake County, Indiana.

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



96060265

Dated this 6th day of September, 1996.

Laurence B. Stazinski
(Signature) LAURENCE B. STAZINSKI
(Printed Name)

Kelly J. Stazinski
(Signature) KELLY J. STAZINSKI
(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 6th day of September, 1996, personally appeared: LAURENCE B. STAZINSKI and KELLY J. STAZINSKI, 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:

000499 10.00
[Handwritten initials]