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 CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAW

Mail tax bills to:

7755 Bertram

46324 Hammond, Indiana

THIS INDENTURE WITNESSETH, That

CHRISTOPHER B. TRYLONG and LINDA R. TRYLONG, husband and wife

("Grantor") of **CONVEYS AND WARRANTS TO**

County in the State of SHARON ZASADA

INDIANA

of

County in the State of

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 12 in Block 7 in Beverly Sixth Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 29 page 62, in the Office of the Recorder of Lake County, Indiana. 32.203./2

Commonly known as: 7755 Bertram

Hammond, Indiana

Subject to past and current year real estate taxes together with delinquency and penalty, if any, and all real estate taxes due and payable thereafter.

Subject to easements record, if any.

> This Document is the property the Lake County Recorder!

(Signature)

CHRISTOPHER (Printed Name)

(Signature) TrylongLINDA R. his attorney (Printed Name)

Trylong,

(Signature)

(Printed Name)

Printed Name)

(Signature)

STATE OF INDIANA **COUNTY OF**

LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this 19 CHRISTOPHER B. TRYLONG and LINDA R. TRYLONG, BYUJUDIT

H and acknowled C. TRYLONG, THEIR ATTORNEY IN FACT 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

STATE OF

Before me, the undersigned, a Notary Public in and for said County and State, this _____day of personally appeared:

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

_____County Printed _ Resident of __

, Notary Public

This instrument prepared by PATRICK J. McMANAMA, P.C. Attorney Identification No. 9534-45

My commission expires:

MAIL TO: