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Mail tax bills to:
P.O. Box 295
Crown Point, IN 46307

KEY NO. 10-70-2

WARRANTY DEED

SOUTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356
763-0727 or 696-0100

THIS INDENTURE WITNESSETH, That

***** SHARON K. JOHNSON, now known as SHARON J. GRUBE *****

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

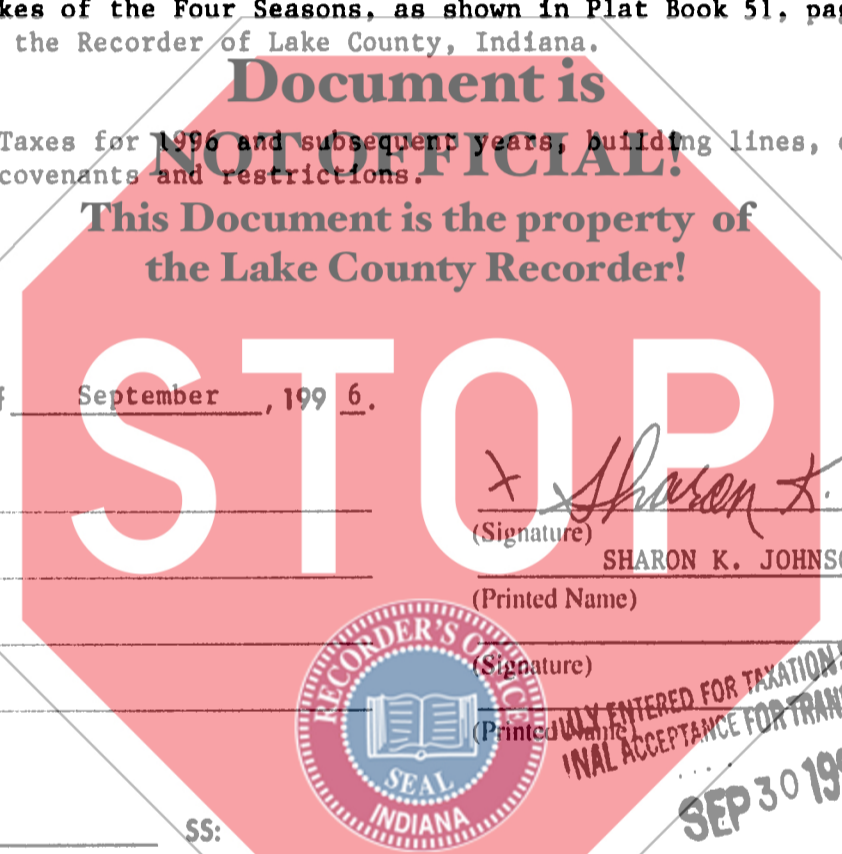
***** HOMES OF THE 21ST CENTURY, INC. *****

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 2, Building No. 1 in Parcel 1, amended Plat of Four Seasons Town Houses, Tract 106, Lakes of the Four Seasons, as shown in Plat Book 51, page 44, in the Office of the Recorder of Lake County, Indiana.

SUBJECT TO: Taxes for 1996 and subsequent years, building lines, easements, covenants and restrictions.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!



96064707

Dated this 24th day of September, 1996.

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

SHARON K. JOHNSON

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 24th day of September, 1996, personally appeared: SHARON K. JOHNSON, n/k/a Sharon K. Grube

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:

001626

[Handwritten initials]