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 LAWYER.

Mail tax bills to: 231 Greiving Street Dyer, IN 46311

## WARRANTY DEED

THIS INDENTURE WITNESSETH, That

\*\*\*\*\* JOHN EARNSHAW, JR. and JUDITH L. EARNSHAW, husband and wife

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

Resident of \_\_\_

MAIL TO:

Attorney Identification No. 1504-45

County in the State of Indiana Key No. 14-13-6

\*\*\*\* KATHLEEN A. REARDON \*\*\*\*

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 icknowledged, the following described real estate in Lake County, in the State of Indiana: Lot 6, Greiving Addition to Dyer, as shown in Plat Book 20, page 55, in Lake County, Indiana. SUBJECT TO: Taxes for 1996 and subsequent years. 15 ANALY ENTERED FOR TAXATION SUBJECT I This Document is the property the Lake County Recorder! SAM ORLICH IDITOR LAKE O September Dated this 27th day of (Signalare) (Signaturie) JOHN EARNSHAW, JR. JUDITH L. EARNSHAW (Printed Name) (Signature) (Signature) (Printed Name) Printed Name) STATE OF INDIANA COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of September, 199 6, personally appeared: JOHN EARNSHAW, JR. and JUDITH L. EARNSHAW, 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 \_ County Printed Richard A. Zunica Lake Resident of \_\_\_\_ STATE OF **COUNTY 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. My commission expires: \_\_\_\_\_\_ Signature \_\_\_\_\_

County Printed \_\_\_\_\_

This instrument prepared by RICHARD A. ZUNICA, 162 Washington Street, Lowell, IN 46356

Attorney at Law