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Key No. 08-15-360-19

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Mail tax bills to:

Firststar Home Mortgage Corporation
200 E. Lake Street
Wayzata, MN 55391

WARRANTY DEED

THIS INSTRUMENT WITNESSETH, That John F. Riese and Margaret O. Riese, Husband and Wife

("Grantor") of Lake County in the State of Indiana
CONVEYS AND WARRANTS TO Epimenio Delarosa and Lupe Delarosa, Husband and Wife

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 19, Lincoln Gardens Third, as shown in Plat Book 35, page 33, Lake County, Indiana.

SUBJECT, NEVERTHELESS, TO THE FOLLOWING:

1. Real estate taxes for 1995 payable 1996, and all real estate taxes thereafter.
2. Covenants, easements and restrictions of record.
3. Applicable building codes and zoning ordinances.
4. Any possible municipal assessments.

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

96095617

MADE WITH THE ORIGINAL
RECORDER
SEP 30 2 AM 11:04



Dated this 27th day of September, 1996.

John F. Riese
(Signature)
JOHN F. RIESE
(Printed Name)

Margaret O. Riese
(Signature)
MARGARET O. RIESE
(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 27th day of September, 1996, personally appeared JOHN F. RIESE and MARGARET O. RIESE, 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: 08/26/98 Signature *Kathryn D. Glor*
Resident of Porter County Printed Kathryn D. Glor 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 8585 Broadway, Suite 600, Merrillville, Indiana 46410 Attorney at Law
Attorney Identification No. 7813-45

MAIL TO:

001736