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 LAY

Mail tax bills to: 6801 159th Avenue Lowell, IN 46356

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

***** DAVID A. NYKAMP and JULIE M. NYKAMP, husband and wife ****

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

Key No. 3-191-2

***** VICTOR DAVIS and KERNESSA C. DAVIS, husband and wife *****

Indiana County in the State of in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the

Lake County, in the State of Indiana: following described real estate in

Lot 2, together with the West Half of the vacated street adjoining said lot on the East, Holiday Heights, Unit No. 1, as shown in Plat Book 34, page 21, in Lake County, Indiana.

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

This Document is the property of the Lake County Recorder!

2nd October Dated this (Signature) DAVID A. NYKAMP JULIE M. NYKAMP

(Printed Name) (Printed Name)

ULY ENTERED FOR TAXATION SUBJECT WAL ACCEPTANCE FOR TRANSFE (Signature) (Signature)

(Printed Name)

STATE OF INDIANA COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of __ October

personally appeared: DAVID A. NYKAMP and JULIE M. NYKAMP, 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 _, Notary Public 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 ___ , Notary Public Resident of ___

This instrument prepared by RICHARD A. ZUNICA, 162 WASHINGTON STREET, LOWELL, IN 46356 Attorney at Law

Attorney Identification No. 1504-45 MAIL TO:

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