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:

3755 Kingsway Crown Point, IN 46307

## WARRANTY DEED

Key No. 10-46-241

THIS INDENTURE WITNESSETH, That

\*\*\*\*\* ROBERT E. FLYNN, II and DIANE L. FLYNN, husband and wife \*\*\*\*\*

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

County in the State of Indiana

\*\*\*\* STEVE HABENICHT \*\*\*\*

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 Lake County, in the State of Indiana:

following described real estate in

Lot 529 in Lakes of the Four Seasons, Unit No. 2, as per plat thereof, recorded in Plat Book 37, page 76, in the Office of the Recorder of Lake County, Indiana.

Taxes for 1996 and subsequent years, building lines, easements, covenants and restrictions. CIL 18 SUBJECT TO:

## NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

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October Dated this 11th day of MANIEN SUBJEC (Signature) (Signature) (Printed Name) (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 11th day of , 199<u>6</u>, personally appeared: Robert E. Flynn, II and Diane L. Flynn, 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.

9-12-98 Signature My commission expires: \_

Resident of

County Printed Richard A. Zunica

Notary Public

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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