THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FIELING 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:

WARRANTY DEED

THIS INDENTURE WITNESSETH, That

PAULINE JEWELL,

MEN HOHD

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

County in the State of INDIANA

PAULINE JEWELL, for life, with the remainder in fee simple to

RICHARD W. JEWELL,

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 County, in the State of Indiana: LAKE

> The South 621 feet by parallel lines of Lot 11, in Block 4, in Independence Hill, as per plat thereof, recorded in Plat Book 20, page 2, in the Office of the Recorder of Lake County, Indiana. 15-69-18

The North Half of Lot No. Ten (10), in Block No. Four (4), as marked and laid down on the recorded plat of Independence Hill, Lake County, Indiana, as the same appears of This Derecord in Plat Book 20, page 2, in the the Recorder's Office of Lake County, Indiana.

Key # 15-69-15

February Dated this day of

Pausins	Next Cl				
Signature) PAULINE	EMETP	(Si	ignature) DULY	ENTERED FOR TA	XATION SUBJ

(Printed Name) (Printed Name)

FEB 10 1997 (Signature)

(Printed Name)

SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA COUNTY OF ____

(Printed Name)

(Signature)

personally appeared: PAULINE JEWELL

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: May 31, 1997 Signature _

LAKE County Printed Collette Festa, Notary Public

STATE OF COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, this _____day of _

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 Peter L. Benjamin Attorney at Law

Attorney Identification No. 3519-45

MAIL TO:

7813 Independence Street, Merrillville, IN. 46410