

TICOR TITLE INSURANCE

Return To: Daniel M. Rohaley

Cal Chimowa Dr. C.P.44307

WARRANTY		This	Indentui			<u> </u>	<u> </u>
That	Daniel_M,_Rg					*******	****
				County, and	State of	Indiana	
	_				******		
of	Lake		•	County, in tl	he State of	Indiana	
the fol	llowing described	i real esta:	TE in	- 100 000 000 000 000 000 000 000 000 00	Lake	County	, in the
	Lot 113 in Bri thereof, recor of Lake County	arwood Unit	No. 5, In the Book 42, page	City of C	rown Point, e Office of	as per plat	
	Subject to: 1	axes for 199		ent years.	building 11	nes, easements,	
	Key No. 9-407-	21 Unit No.	23				tie .
	This transacti	DULY ENTERED I	FOR TAXATION SUBJECTION TO TRANSFER.	T 10	al Property	Disclosure Act	0216001

SAM ORLICH AUDITOR LAKE COUNTY

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IN WITNESS WHEREOF, The said Daniel M. Robaley and Joann Bobaley, husband and the
Have hereunto et their Hand s and seal S this 12th day of Eebruary 1997
DANIEL M. ROHALEY (SEAL) (SEAL) (SEAL)
(SEAL)
STATE OF INDIANA, Lake County, ss:
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared
the within named Daniel M. Rohaley and Joann Rohaley, husband and wife
who acknowledged the execution of the foregoing Deed to be_theiroluptary act and deed.
WITNESS, my hand and Seal this _ 12th.day of February
My commission expires 9-5-19-97 Notary Public
County of ResidenceLake
Mail Tax Statements to. 1211 East Farragut Street. Crown Point. IN 46307
This instrument prepared by