

THIS FORM HAS BEEN PREPARED FOR USE WITHIN THE STATE OF INDIANA. 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 AND SHOULD ONLY BE DONE BY A LAWYER.

Mail tax bills to:
1514 E. 33rd Place
Hobart, IN 46342

Tax Key No.: 16-275-14

WARRANTY DEED

This indenture witnesseth that LOUIS F. STANKO AND SYLVIA ELAINE STANKO,
Husband and Wife

of Porter County in the State of Indiana
J. J.

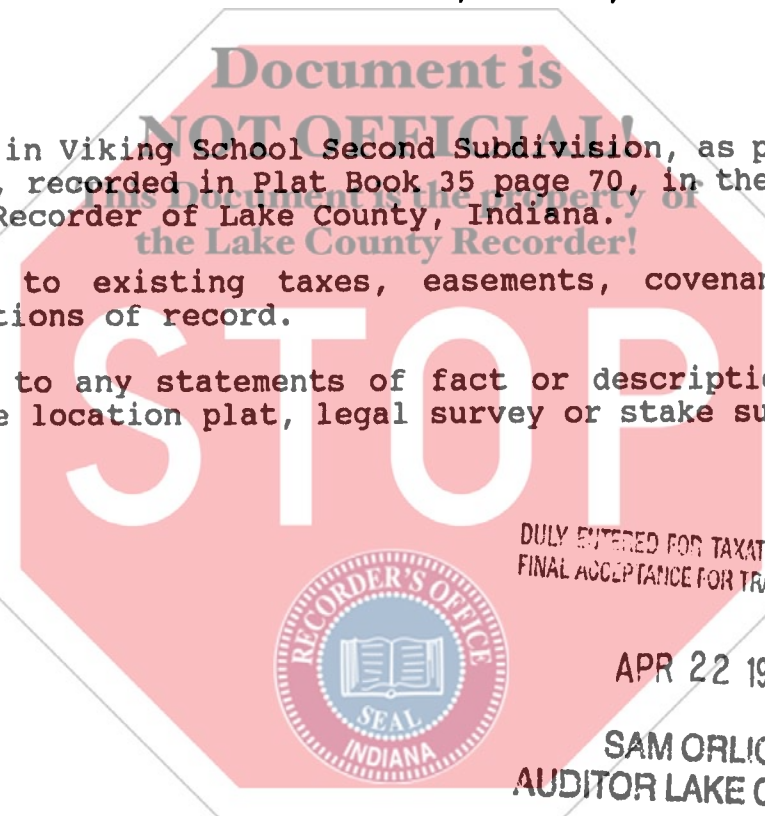
Convey and warrant to CHARLES ROTH AND SHARON ROTH,
Husband and Wife

of Lake County in the State of Indiana
for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration
the receipt whereof is hereby acknowledged, the following Real Estate in Lake County
in the State of Indiana, to wit: 1514 East 33rd Place, Hobart, Indiana

Lot "B" in Viking School Second Subdivision, as per plat thereof, recorded in Plat Book 35 page 70, in the Office of the Recorder of Lake County, Indiana.

Subject to existing taxes, easements, covenants and restrictions of record.

Subject to any statements of fact or description on a mortgage location plat, legal survey or stake survey.



TICOR TITLE INSURANCE
Attn: CrownPoint-Indiana
308920

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 APR 22 AM 10:09
MORRIS W. BROWN
RECORDER

State of Indiana, Porter County, ss:
Before me, the undersigned, a Notary Public in and for said County and State, this 10th day of February 19 93 personally appeared:

LOUIS F. STANKO AND SYLVIA ELAINE STANKO, Husband and Wife

Dated this 10th Day of February 19 93

Louis F. Stanko
Louis F. Stanko

Sylvia Elaine Stanko
Sylvia Elaine Stanko

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 Jan. 14, 1994

John M. Rhame, III Notary Public

Resident of Porter County.

This instrument prepared by JOHN M. RHAME, III, 2684 Willowcreek Road, Portage, IN Attorney at Law

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MAIL TO: