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Mail tax bills to:
7556 Woodmar Avenue
Hammond, IN 46323

Key No. 34-333-21

WARRANTY DEED

THIS INDENTURE WITNESSETH, That Robert P. Logan and Deann C. Logan, husband and wife

("Grantor") of Lake County in the State of Indiana
CONVEYS AND WARRANTS TO Louis Covelli and Sandra L. Covelli, husband and wife

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

Lot 21 in Vane Howard's Subdivision of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 28 page 73, in the Office of the Recorder of Lake County, Indiana.

(Commonly known as: 7556 Woodmar Avenue, Hammond, IN 46323)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 30 1997

SAM ORLICH
AUDITOR LAKE COUNTY

97084718

Dated this 22nd day of May, 1997.

Robert P. Logan
(Signature)
Robert P. Logan
(Printed Name)

Deann C. Logan
(Signature)
Deann C. Logan
(Printed Name)

(Signature) _____
(Printed Name) _____

STATE OF INDIANA
COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 22nd day of May, 1997, personally appeared: Robert P. Logan and Deann C. Logan

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: 11-28-97 Signature *Suzanne M. Myers*

Resident of Lake County Printed SUZANNE M. MYERS, Notary Public

STATE OF _____
COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 199____, 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 _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by Brian L. Goins, 707 Ridge Road, Munster, IN 46321 Attorney at Law
Attorney Identification No. 8616-45

MAIL TO: CFS, FSB 5311 Hohman Avenue, Hammond, IN 46320

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TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA
LAKE COUNTY
FILED
97 JUN 10 10 00 AM '97
AH 10: 15

1100
11/00
11/00