H 494321 THIS FORMHAS IN J 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: 1005 Gaton Street WARRANTY DEED HAMMOND THE HUBBLE THAT 1+494325 MARY E. COBB =1"Grantor") of County in the State of Indiana CONVEYS AND WARRANTS TO IVAN TOOKS 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 County, in the State of Indiana: Lot 34, Block 2, Maywood Addition to Hammond, as shown in Plat Book 11, page 32, in Lake County, Indiana, and more commonly known as 1005 Eaton Street, Hammond, Indiana 46320. SUBJECT TO: 1264 # 26-35-54-38 1. Taxes and assessments; 2. Zoning and building ordinances; 3. Ditches and drains, if any; 4. Covenants, easements, and restrictions of record; and 5. Highways and public right-of-way. ENTERED FOR TAXATION SUBJE AL ACCEPTABLE FOR FRANCEER OCT 03 1997 Dated this $30^{1/2}$ day of $5e\rho t$, 199 7. SAMO HD#ORE/ A Mary & Cobb-(Signature) (Signature) MARY E. COBB (Printed Name) (Printed Name) (Signature) (Signature) (Printed Name) (Printed Name) STATE OF INDIANA COUNTY OF ____ Before me, the undersigned, a Notary Public in and for said County and State, this 30 day of 5ept personally appeared: Mary E. Cobb and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal, 9-9-98 Signature Wella My commission expires: County Printed ______ STATE OF 000308 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 _____ Resident of _______, Notary Public This instrument prepared by TIMOTHY S. SCHAFER, 5875 Broadway, Merrillville, IN 46410 Attorney at Law Attorney Identification No. 59-45 MAIL TO: