SAM ORLICH AUDITOR LAKE COUNTY

03095

The Mortsage 19/14/97 TUE 13:52 FAX 847 805 8447 } == County of the undersigned, Notary Public in and for said County, in the State aforesaid, DO HERBBY CERTIFY THAT _ whose name _ subscribed to the foregoing instrument, personally known to me to be the same person _ appeared before me this day in person, and acknowledged that __signed, sealed and delivered the said instrument as __ _ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead. Given under my hand and notarial seal, this _ Notary Public My commission expires on SUZANNE JADE NEVAREZ NOTARY PUBLIC, Lake County, Indiana My Commission Expires May 12, 2000 Resident Of Lake County, Indiana ILLINOIS TRANSFER STAMP **IMPRESS SEAL HERE** EXEMPT UNDER PROVISIONS OF PARAGRAPH NAME AND ADDRESS OF PREPARER: SECTION 4, REAL ESTATE Douglas R. Kvachkoff, Attorney TRANSFER ACT 10971 Four Seasons Place DATE: Crown Point, IN 46307 Buyer, Seller or Representative ** This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).

ಕ