

Lake County Recorder's Receipt Receipt Only

receipt from:
Morris W. Carter
 Lake County Recorder
 2293 North Main Street
 Crown Point, In 46307
 Phone: 219-755-3730
 Fax: 219-755-3257

Please call Sherry if there are any errors on this receipt, Thank You.

Date	4/15/98	Instrument Number	98026613	Num of Pages	2	Number Cross Ref's		Add Mail	
Type of Document	PLAT		More Info						
Payment Method	Cash	Check Num		Compliant	<input type="radio"/> No <input checked="" type="radio"/> Yes	Non Comp Pages			
Cash Total This Action	\$23.00	Check Total This Action		Charge Total This Action					
Company for Charge:						Time of Computer Entry	9:53		
Status	Record NOT Locked by Carolyn Pollard						Code of Status		

Name of Return Mail: **ST. MARY MEDICAL CENTER CAMPUS**

Address of Return Mail: **84-45**

City of Return Mail: **St:** **Zip**

Amount of Fee: **\$23.00**

Compliance Fee: Document Fee: Enhancement Fee: Surveyors Fee: Copies Fee: Overage: Other Fees: **\$3.00** **\$20.00**

Grantor:	Signor:	ST. MARY MEDICAL CENTER CAMPUS		
Grantee:	Signee:	PLAT		
Consideration:	See Document Num			
Legal Description:	NE/14 SE 1/4 SEC 6-35-7 SEE PLAT BOOK 84 PG 46			
Property Key Number:	Address Associated with Key Number			
	Street Name	City	ST	Zip
			IN	
	Bond Expiration Date			
Typist Status:	Carolyn Pollard		Code Status2	

Received From
Morris W. Carter
 Recorder of Deeds
 Lake County, IN

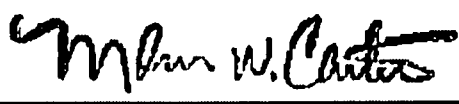
This is only a receipt for you to use in the future if you decide to apply for a Mortgage Exemption - IT IS NOT A BILL

Receipt Number:

Received of ST. MARY MEDICAL CENTER CAMPUS

The Sum of \$23.00 Dollars for Document Number 98026613 Dated 4/15/98

If you will apply for a Mortgage Exemption in the future. You will need the Document Number & Date as shown above

Authorized Signature 
Morris W. Carter

Unique id Unique id is used to find Key Number