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THIS FORM HAS BEEN 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: 4528 Central Avenue Lake Station, Indiana 46405 THIS INDENTURE WITNESSETH, That EMMALYN L. GOFF, fo	TY DEED merly known as EMMAYLN L. LIND
("Grantor") of Porter County in the State of Indina JAROLD T. LIND	CONVEY(S) AND WARRANT(S) TO
	("Grantee")
of Lake County in the State of in consideration of One Dollar and other valuable consideration, the the following described real estate in Lake	Indiana receipt and sufficiency of which are hereby acknowledged County, in the State of Indiana: 4528 Central Avenu Lake Station, IN 4
Lots 15 and 16 in Block 7 in Elliot's Park, in Station), as per plat thereof thereof, recorded of the Recorder of Lake County, Indiana.	the Town of East Gary, (now City of Lake in Plat Book 21 page 36, in the Office $\frac{19}{108}$
Subject to existing taxes, easements, covenants	
Subject to any statements of fact or description survey or stake survey.	
This Document is the	ne property of
the Lake County	Recorder!
	DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR THANSFER.
	JUN 0 2 1998
	SAM ORLICH
Dated this 28TH day of May, 1998	AUDITOR LAKE COUNTY
Immalyn I Coff	
(Signature) EMMALYN L. COFF, formerly known as	(Signature)
(Printed Name) EMMALYN L. LIND	(Printed Name)
(Signature)	(Signature)
(Printed Name)	(Printed Name)
STATE OF Indiana , COUNTY OF PORTER	
Before me, the undersigned, a Notary Public in and for said County and personally appeared: EMMALYN L. GOFF, formerly known	I State, this 28TH day of May, 1998 as EMMALYN L. LIND

of the foregoing deed. In witness whereof, I have hereunto subscribed my nangeland affixed my official seal.

_ County

Signature _

This instrument prepared by JOHN M. RHAME, III, 2684 Willowcreek Rd., Portage, IN 46368Attorney at Law

Printed CHARLENE M. RONK

8-15-2000

PORTER

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My commission expires: ____

MAIL TO:

TICOR TITLE INSURANCE 2686 Willowcreek Road Portage, IN 46368 10.00

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