MAIL TAX BILLS TO:

4231 Fir Street, East Chicago, IN 46312

1527662N

Intercounty Title Co. 2050 15th Avenue Highland, IN 46322

CORPORATE WARRANTY DEED

THIS INDENTURE WITNESSETH that St. Catherine Hospital Inc/"Grantor"), CONVEYS AND WARRANTS to Peter M. Russelland Veronica M. Russellconsideration of TEN (\$10.00) DOLLARS and other good consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, in **formerly known as Lakeshore Health System Incorporate the State of Indiana, to-wit:

LOT 15, PARK HOMES SUBDIVISION, IN THE CITY OF EAST CHICAGO, A SHOWN IN PLAT BOOK 30, PAGE 3, AS SHOWN IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Key # 30-604-15

COMMONLY KNOWN AS 4231 FIR STREET, EAST CHICAGO, INDIANA

SUBJECT TO ALL ROADWAYS, EASEMENTS, RESTRICTIONS OF RECORDS AND TAXES.

The undersigned person(s) executing this deed represent and certify on behalf of the Grantor, that each of the undersigned is a duly elected officer of the Grantor and has been fully empowered by proper resolution of the Grantor's Board of Directors, or the by-laws of the Grantor, to execute and deliver this deed; that the Grantor is a corporation in good standing in the State of Indiana; that the Grantor has full corporate capacity to convey the real estate herein described; and the all necessary corporate action for the making of this conveyance has been duly taken and done. Grantorcertifies under oath that no Indiana Gross Income Tax is due or payable in respect to the transfer made by this Deed.

IN WITNESS WHEREOF, Grantor has caused this deed to be executed this 5th day of June, 1998.

St. Catherine Hospital Inc., Grantor formerly known as Lakeshore Health System Incorporated

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Printed Name and Office

STATE OF INDIANA

) **SS**:

COUNTY OF LAKE

SAM ORLICH AUDITOR LAKE COUNTY

David M. Berkey, V.P.

St. Catherine Hospital Inc.
Before me, a Notary Public in and for said County and State, personally appeared Systems Incapprated Who acknowledged execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this ___ day of June, 1998.

Notary Public -Lake County, IN

Resident:

Commission Expires: 01/26/08

This Instrument Prepared by:

Law Offices of James E. Daugherty, 8550 Broadway, Merrillville, IN

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CK# 100306 000885