

TICOR TITLE INSURANCE

This Indenture Witnesseth QUITCLAIM SHANNON T. JERALDS of _____LAKE _____County, and State of ___INDIANA RELEASE AND QUITCLAIM To ____LANCE J. DABROWSKI -----County, in the State of___ Ten dollars and other good and valuable considerationthe following described REAL ESTATE in LAKE County, in the State of Indiana, to-wit:_____ Being a part of Lot 13 in Pine thind Estates, an addition to the Towngof Lowell, as per plat thereof, recorded in Plat Book 81, page 47, in the coffice of the Recorder of Lake County, Indiana, more particularly described This Document is the property of Commencing at the Southwest corner of said Lot 13, said point also being the point of beginning; thence North 00 degrees 16 minustes 42 seconds West, along the West line of said Lot 13, a distance of 41.86 feet; thence North 89 degrees 14 minutes 26 seconds East, a distance of 168.09 feet; thence South 21 degrees 35 minutes 46 seconds East, along the East line of said Lot 13, a distance of 46.11 feet, to the Southeast corner of said Lot 13; thence South 89 degrees 37 minutes 35 seconds West, along the South line of said Lot 13, a distance of 184.86 feet, to the point of ning. Promises + orHer Renl Estate This deed is being re-recorded to correct a scrivener's error on the legal description SHANNON T. JERALDS IN WITNESS WHEREOF, The said _. hereunto set her Hand and seal this 337 DANNON T LEDATE (SEAL)

SHANNON T LEDATE (SEAL)

SHANNON T LEDATE (SEAL) SHANNON T. JERALDS JUN 10 1993 (SEAL) SAM ORLICH----(SEAL) ____(SEAL) STATE OF INDIANA, LAKE COUNTY QL 10 Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named SHANNON T. JERALDS who acknowledged the execution of the foregoing Deed to be_her____voluntary act and deed. 19*7P* WITNESS, my hand and ___ Seal this 23- day of My commission expires $\frac{8-13}{2}$ DENISE K. County of Residence... Mail Tax Statements to 205-1 Pomblewood Dr. Highland go SHANNON T. JERALDS This instrument prepared by _ 000808