

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: The Matter of:)
THE SALE OF REAL PROPERTY WITH)
DELINQUENT TAXES, BOARD OF)
COMMISSIONERS, LAKE COUNTY,)
Petitioner)

Tax Key No: 25-41-0226-0011

PETITION TO ISSUE A TAX DEED

Comes now the Lake County Board of Commissioners, by counsel, and shows and represents to the Auditor of Lake County, Indiana:

1. That the Lake County Board of Commissioners received a Tax Sale Certificate for the following real estate at the tax sale of February 11, 1998, to wit:

I.D. No: 4504429

BRUNSWICK ADD. L.13 BL.10 ALL L.14 BL.10 (0701277005)

Common Street Address: 341 MATTHEWS STREET; GARY, INDIANA

2. The period of redemption expired June 11, 1998.
3. The real property set out above has not been redeemed from the sale.
4. All taxes and special assessments, penalties and costs have been removed.
5. The notices required by law have been given as evidenced by Exhibit "A" attached hereto.
6. The Petitioner has complied with all of the provisions of law entitling the purchaser to a deed.

WHEREFORE, Petitioner requests the Auditor of Lake County to issue a Tax Deed for the real estate herein in the name of the Board of Commissioners, of Lake County, Indiana.



Michael W. Bosch
Indiana Atty. No: 2852-45

BOSCH & BANASIAK
7150 Indianapolis Blvd.
Hammond, IN 46324
(219) 844-3020
FAX: (219) 844-3023
Attorney for Petitioner

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ADMINISTRATOR OF VETERANS AFFAIR
 2030 WEST TAYLOR STREET -
 J.D. JENKINS
 CHICAGO, IL 60612-4223

4a. Article Number

P 160 463 719

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (only if requested & fee is paid)

6. Signature: (Addressee or Agent)

[Handwritten signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

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EXHIBIT
 A