DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

STATE OF INDIAOCT 04 1999

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FILED FOR PECCHIL 99 OCT -5 AM 9: SUNTY AUDITOR

1544 West 99th Avenue Crown Point, IN 46307

MOFIRIS W. CARTER RECORDER

WARRANTY DEED

THIS INDENTURE WITNESSETH, That RONALD S. ZUREK and PATRICIA G. ZUREK, HUSBAND and WIFE

County in the State of INDIANA CONVEY(S) ("Grantor") of LAKE DONALD A. KIRINCIC and MELISSA KIRINCIC, AND WARRANT(S) TO HUSBAND and WIFE

County in the State of INDIANA ("Grantee") of LAKE consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County in the State of Indiana:

Lot 45 in Indian Ridge Addition, Unit 2, to the City of Crown Point, as per plat thereof, recorded in Plat Book 51, Page 13, in the Office of the Recorder of Lake County, Indiana, more commonly known as:

his Docu1544 West 199th Avenuety 023-142.45 the LaCrown Point, IN 46307

Subject to covenants and restrictions, easements for streets and utilities, and building lines, as contained in plat of subdivision and as contained in all other documents of record; and taxes for 1998 due and payable in 1999.

Dated this 30th day of September, 1999.

TOURER (Signature)

(Signature)

RONALD S. ZUREK

(Printed Name)

PATRICIA G. ZUREK

(Printed Name)

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 30th day of September, 1999, personally appeared:

RONALD S. ZUREK and PATRICIA G. ZUREK, HUSBAND and WIFE

and acknowledged the execution of the foregoing deed. In witness whereof I have hereunto subscribed my name and affixed my official seal.

My Comm. Exp.: 25 June, 2007

Signature R LUGAR 000170 Star Lugar

Notary Public, State of Indiana Lake County

My Commission Exp. 6/25/07

This instrument prepared by ATTY. JOS. S. IRAK, 9219 Broadway, M'ville, IN 46410 (219) 769-4552 Atty. I.D. #4851-45

MAIL TO: