

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99082544

99 OCT -7 AM 9:22

MORRIS W. CARTER  
RECORDER

**CORPORATE DEED**

Mail tax bills to: 6546 ARKANSAS AVE  
HAMMOND, INDIANA 46323

TAX KEY NUMBER: 34-72-16

**THIS INDENTURE WITNESSETH, That RON DIXON INSURANCE, INC**

**('Grantor herein'), a corporation organized and existing under the laws of the State of INDIANA  
CONVEYS AND WARRANTS TO CALVIN L. DOWELL**

of **LAKE** in the State of **INDIANA** for and in consideration of \$10.00 (ten) dollars and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described Real Estate in **LAKE** County in the State of Indiana, to wit:

**LOT 18 IN BLOCK 2 IN HESSVILLE GARDENS, HAMMOND, AS PER PLAT THEREOF,  
RECORDED IN PLAT BOOK 16 PAGE 27 IN THE OFFICE OF THE RECORDER OF LAKE  
COUNTY, INDIANA**

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COMMONLY KNOWN AS: 6546 ARKANSAS AVE, HAMMOND, INDIANA 46323

SUBJECT TO THE FOLLOWING:

- (a) Past and current year estate taxes.
- (b) Easements, restrictions and covenants of record, if any.
- (c) Grantor hereby certifies that this transfer is not subject to the gross income tax.

The undersigned person(s) executing this deed represent(s) and certify(certifies) 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, 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 its origin and, where required, in the State where the subject real estate is situate; that the Grantor has full corporate capacity to convey the real estate described; and that all necessary corporate action for the making of this conveyance has been duly taken.

State of **INDIANA** ss: **LAKE** Dated this 1ST day of **OCTOBER** 199 9

Before me, the undersigned, a Notary Public in and for said County and State, this 1ST day of **OCTOBER** 199 9 personally appeared:  
**RON DIXON INSURANCE, INC BY RON DIXON , PRESIDENT**

*[Signature]*  
\_\_\_\_\_  
(NAME OF CORPORATION)  
**RON DIXON INSURANCE, INC**  
By **RON DIXON PRESIDENT**

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

*[Signature]*  
\_\_\_\_\_  
**SUSAN M. DOWNING** Notary Public

My commission Expires : 4-10-07

Resident of **LAKE**

This Instrument prepared by: Robert B. Leopold, Attorney At Law, 8242 Calumet Avenue; Munster, IN 46321 219/922-9007  
Attorney Identification Number: 8767-45

\_\_\_\_\_  
(PRINTED NAME AND OFFICE)  
By **SUSAN M. DOWNING**  
**NOTARY PUBLIC**  
Exp. 4-10-07  
\_\_\_\_\_  
(PRINTED NAME AND OFFICE)  
**SUSAN M. DOWNING**  
**NOTARY PUBLIC**  
**LAKE COUNTY, INDIANA**

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DOWELL H/D  
#99.206377