TRUSTEE'S DEED				
INDIANA		PLED		
MAIL TO: DARRYL R. LEDO O	040134	. 12 20 30	1-0 1/1 6 4:	
850 BURNHAM AVENUE			BW CHAR	
CALUMET CITY, IL. 60409			FLOROOL	
NAME & ADDRESS OF TAXPAYER:				
DARCIE DIMITROFF 4600 BARBER CREEK ROAD P. O. BOX 1247				
		RECORDE	R'S STAMP.	
CONDON, MT 59826  CLARICE ROSS	AS TRUSTEE	UNDER THE	ESTAMENTAR	Y TRUST
11112 01(1141 01(10)	MARILYN B. D			
ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
for and in consideration of TEN AND 00/				DOLLARS,
and other good and valuable considerations in	hand paid, and in	pursuance of the p	ower and author	ity vested in the
Grantor(s) as said Trustee(s) and of every oth		ority the Grantor(s	do(es) hereby	CONVEY AND
QUITCLAIM to DARCIE DIMITROF	'F			
4600 BARBER CREEK ROAD P.	O. BOX 1247	CONDON	MT	59826
Grantee's Address		City	State	Zip
of the CITY of CONDON			MONTAN	
all interest in the following described Real E				in the State of
Apartment D. Building C457 Fis Regime as recorded under date and re recorded march 23, 1977 Lake County Indiana, together areas appertaining thereto sai a part of Lots 1 and 2 in Orkr	sher St. in 1 of March 18 7 as Documen with an und	Munster Vill , 1977 as Do t number 398 ivided 5.555	as Horizon ocument num 3460 of the	tal Property ber 397799 records of in the common
NOTE: If additional space is r	equired for legal -	attach on separate S	JUN 3-1/2 x 11 sheet.	0 2 2000
Permanent Index Number(s): 28 032 Property Address: 457 Fisher, Unit	24 0023	IN. 46321		REENLAMIN JNIYACTICA
		IN. 40321		
DATED this 10+1 day of April	<b>19</b> 0c.	AS TRUSTEE AS	AFORESAID	Ø⊿_(SEAL)
	06164			(SEAL)
	949.49 APA	AS TRUSTEE AS	AFORESAID	Ut 193
NOTE: PLEASE TYPE	OR PRINT NAI	ME BELOW AL	L SIGNATUR	ES 110.1.95 1700

STATE OF County of ss		
I, the undersigned, a Notary Public in an CLARICE ROSS AS TRUSTE  THAT BY MARILYN B. DIMITRO	d for said County, in the State aforesaid, DO HEREBY CERTIFY E UNDER THE TESTAMENTARY TRUST CREATED	
	me person(s) whose name is /are subscribed to the foregoing	
instrument, appeared before me this da	y in person, and acknowledged that SHE signed,	
sealed and delivered the said instrument	as her free and voluntary act, as such trustec(s) for the	
uses and purposes therein set forth.		
Given under my hand and notaria	seal, this 10+h day of April , Dooc .	
Harris NO	DI OFF Carvara C. Selcorio	
My commission expires on the	Notary Public  OFFICIAL SEAL  BARBARA A. DELCORIO  NOTARY PUBLIC, STATE OF ILLINOIS  MY COMMISSION EXPIRES 12-13-2002	
	COUNTY -XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
IMPRESS SEAL HERE	EXEMPT UNDER PROVISIONS OF PARAGRAPH SECTION 31-45, REAL	
NAME AND ADDRESS OF PREPAR DARRYL R. LEM		
850 BURNHAM AVENUE	Buyer, Seller or Representative	
CALUMET CITY, IL. 60409		
** This conveyance must contain the nar	ne and address of the Grantee for tax billing purposes: (Chap. 55	
ILCS 5/3-5020) and name and address of	the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	
TO REORDER PLEASE CALL MID AMERICA TITLE COMPANY (708) 249-4041	TRUSTEE'S DEED	
Box 1245 Calmet City of	40409	

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