

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Naomi Lawler
STREET ADDRESS P. O. Box 4070850
CITY Los Angeles, CA 90047
STATE ZIP 000 063531

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 AUG 31 AM 10:07

MORRIS W. CARTER
RECORDER

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

DOCUMENTARY TRANSFER TAX \$
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
SIGNATURE OF DECLARANT OR AGENT DETERMINING TAX FIRM NAME

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Naomi Lawler
(NAME OF GRANTOR(S))

grant to Naomi Lawler revocable trust under instrument dated 08/09/00
(NAME OF GRANTEE(S))

all that real property situated in the City of Gary (or in an unincorporated area of)
Gary County, State of Indiana, described as follows (insert legal description):

Wooded Highlands, addition lot one, block 8
All lot 2, block 8, 1/4 section 711

Assessor's parcel No. 25-47-323-1

Executed on August 9, 2000 at Los Angeles, Ca.
(CITY AND STATE)

STATE OF CALIFORNIA
COUNTY OF Los Angeles

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 31 2000 Naomi Lawler

On 8/9/00 before me, E. WATKINS PETER BENJAMIN
(NAME/TITLE, LEGAL COUNSEL) LAKE COUNTY AUDITOR
personally appeared Naomi Lawler

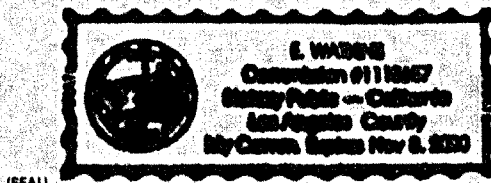
RIGHT THUMBPRINT (Optional)



personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

E. Watkins
(SIGNATURE)



CAPACITY CLAIMED BY SIGNER(S)
 INDIVIDUAL(S)
 CORPORATE

OFFICERS (TITLES)
 PARTNER(S) LIMITED
 GENERAL
 ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER

MAIL TAX STATEMENT TO: P.O. Box 4070850
LA, CA. 90047

02195
SIGNER IS REPRESENTING:
(NAME OF PERSON(S) OR ENTITY(IES))



19/00
M.C.
C.S.



Official Stamp

STATE OF INDIANA
LAKE COUNTY
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MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name NAOMI LAWLER

Address P.O. B. 4070850

City St Zip LOS ANGELES CA. 90047

Telephone _____

Signature Printed Carolyn Emomy

Signature Written Carolyn Emomy

Date of Signature 8-31-2000

Check Number _____

Check Amount \$ 14.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials AE.