2002 044704

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. SELECTING A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Mail tax bills to:

3101 Fairhaven Circle Crown Point, IN 46307

WARRANTY DEED

Key No. 10-49-39

THI	S INDENTURE WITN	ESSETH, That James S. McIntosh	
of	Lake		("Grantor")
		County in the State of Indiana	,
COI	NVEY(S) AND WARRA	ANT(S) TO Trifon J. Dimitroff and Stephanie Dimitroff,	husband and wife
			("Grantee")
of_	Lake	County in the State of Indiana	,
in co	onsideration of One Dol	llar and other valuable consideration, the receipt and sufficiency of which are	hereby acknowledged, the
IOHO	wing described real esta	ite in Lake County, in the State of Indiana:	
		s of the Four Seasons Unit No. 7, as per plat thereof, ge 9, in the Office of the Recorder of Lake County, Inc. 3101 Fairhaven Circle, Crown Point, Indiana.	recorded in diana. More
	Subject to real	estate taxes for 2001, due and payable in 2002, and the	nereafter.
	Subject to all c	ovenants, conditions, liens, restrictions and easement	s of record.
		DULY ENTERED FOR FINAL ACCEPTAN MAY 1	TAXATION SUBJECT TO ICE FOR TRANSFER 3 2002
		PETER B LAKE COUN	TY AUDITOR
		(Do not mark below this line)	θ32

Ticor-Merr.

920021664

Dated this 1st day of May			
(Signature) Resident	(Signature)		
James S. McIntosh (Printed Name)	(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 Coun 2002 personally appeared: James S. McInto	ty and State, this <u>lst</u> day of <u>May</u> , sh		
My commission expires: 3-14-07 Signature Resident of Lake County Printed	OHANGUNES IN INC.		
STATE OF COUNTY OF Before me, the undersigned, a Notary Public in and for said County personally appeared:	aty and State, this day of,		
I have been the execution of the foregoing deed. In witness wh	nereof, I have hereunto subscribed my name and affixed my official seal.		
My commission expires: Signature			
Resident of County Printed _	, Notary Public		
Attorney No Easton Court, Merrillvi. MAIL TO:			
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