STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2004 038366

2004 MAY 11 AM 9: 05

MORRIS W. CARTER RECORDER

MAIL TAX BILLS TO:

1217 Hwy 41

Schererville, IN 46375

TAX KEY NO. ___15-466-15

CORPORATE WARRANTY DEED

This indenture witnesseth that THE METHODIST HOSPITALS, INC., a nonprofit corporation organized and existing under the laws of the State of Indiana, of 500 Grant Street, Gary, Lake County in the State of Indiana

Conveys and warrants to OTANGELES, LLC, a limited liability company organized and existing under the laws of the State of Indiana

for and in consideration of Ten (\$10.00) Dollars and other good and valuable consideration, the receipt of which is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to-wit:

The East 187.39 feet of the West 374.78 feet of the North 232.49 feet of Lot "A" in Lincoln Square, to the Town of Merrillville, as per plat thereof, recorded in Plat Book 43 page 137, in the Office of the Recorder of Lake County, Indiana.

Subject to:

- 1. All easements, covenants, assessments and restrictions now of record.
- 2. All real estate taxes currently due and payable and all subsequent real estate taxes which become due and payable.

The Grantor certifies that there is no Gross Income Tax due as a result of this transfer.

The undersigned persons executing this Deed on behalf of Grantor represent and certify that they are President and Chairman of the Board of Directors of Grantor and have been fully empowered, by preper resolution of the Board of Directors of Grantor, to execute and deliver the Grantor has full corporate capacity to convey the Co

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STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

TICOR TITLE INSURANCE

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herein; and that all necessary corporate action for the making of such conveyance has been taken and done.
Dated this 5th day of May, 2004. THE METHODIST HOSPITALS, INC. By: James A. Berg, President
By: Dungmen - Sllna. Berjamin T. Luna, Chairman Board of Directors
STATE OF INDIANA)
COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of May 2004 personally appeared THE METHODIST HOSPITALS, INC., by James A. Berg, its President, and acknowledged the execution of the foregoing deed.
IN WITNESS WHEREOF, tle have chereunto subscribed my name and affixed my
official seal. My Commission Expires: Bonnie C. Coleman, Notary Public
My Commission Expires: Bonnie C. Coleman , Notary Public
9-19-08 Resident of Porter County
STATE OF INDIANA)
COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this 50 day of May, 2004 personally appeared THE

METHODIST HOSPITALS, INC., by Benjamin T. Luna, Chairman, Board of Directors, and acknowledged the execution of the foregoing deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

SHIRLEYSMAR

, Notary Public

Resident of LAKE County

My Commission Expires: 3-4-69

40033.1

This instrument prepared by: BONNIE C. COLEMAN

Attorney at Law 8700 Broadway

Merrillville, Indiana 46410

NOT OFFICIAL!

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