THIS INDENTURE WITNESSETH THAT:

Ronlyn W. White of Lake County in the State of Indiana,

CONVEY AND WARANT TO;

James and Sharon Griffith Jr. and of Lake County in the State of Indiana for and in consideration of Ten Dollars and other valuable consideration, the receipt whereof is hereby acknowledge, the following Real Estate in Lake County in the state of Indiana, to

All of lot 31, Block 3 in school site addition in the City of Gary Lake County Indiana

Also known as; 2445 Jackson St, Gary IN 46407

Subject to easements of highways, street, alleys, sewers, tiles, drains, and public utilities.

IN WITNESS WHEREOF the said. Willie Davi Shas hereunto set his hand and seal

day of histocuz003nt is the property of Chlinty Recorder! Printed Name of Seller STATE OF INIANA SS: Lake County Before me the undersigned, a Notary Public in and for said County and State, this day of April , 2003, personally appeared

And acknowledge the execution of the foregoing deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official DULY ENTERED FOR TAXATION SUBJECT TO Seal.

FINAL ACCEPTANCE FOR TRANSFER

My Commission expires;

FEB 0 2 2006

Notary Public

PEGGY HOLINGA KATONA AKE COUNTY AUDITOR

002230

ri pale

ERVIN WHITE Lake County Commission Expires

A resident of Lake County

MAIL TAX BILLS TO; James & Sharon Griffith Jr. TAX KEY NO (S) 25-47-0015-0031

3683 Carolinast. Gary In 46409

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Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Thme 5 GAIFFIT Printed Name of Declarant