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7325 MALLARD LANE
SCHERERVILLE, IN 46375

LAND TECHNOLOGIES, INC.

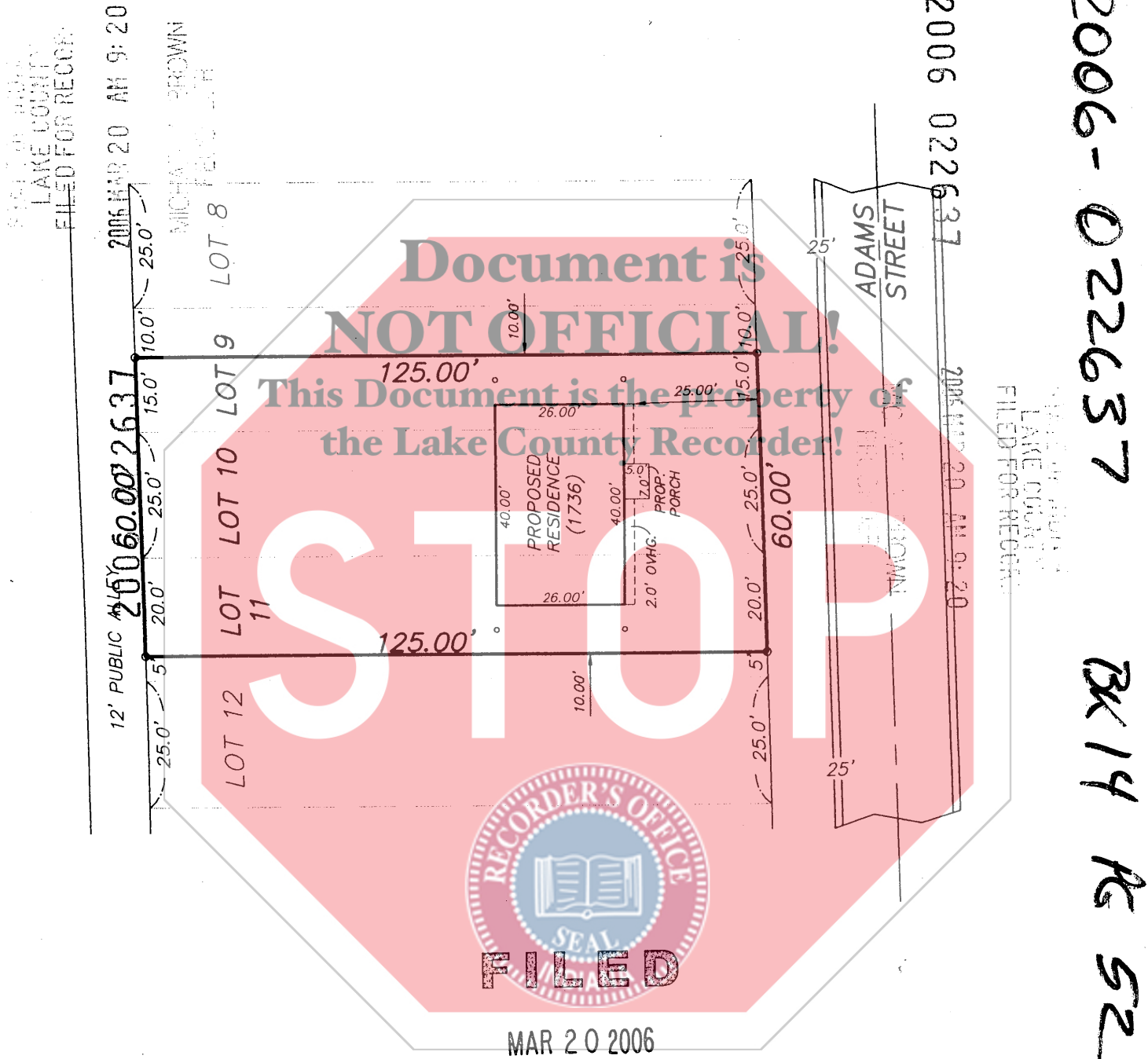
CIVIL ENGINEERING & LAND SURVEYING

TEL: (219) 769-7728
FAX: (219) 769-7731

PLAT OF SURVEY

PROPERTY ADDRESS: 1736 Adams Street, Gary, Indiana

DESCRIPTION: The South 15' of Lot 9, all of Lot 10 and the North 20' of Lot 11, all in Block 15 of THE CHICAGO-TOLLESTON LAND & INVESTMENT COMPANYS 5TH ADDITION to the Town of Tolleston (Now City of Gary), Indiana, as per Record Plat thereof appearing in Plat Book 02, Page 31, in the Office of the Recorder of Lake County, Indiana.



2006-022637
BK 14 PG 52

BOOK

14 PAGE 52

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

THIS SURVEY IS CERTIFIED ONLY TO:

NAME: HABITAT FOR HUMANITY

EXPLANATION: ALL DIMENSIONS ARE GIVEN IN FEET AND DECIMAL PARTS THEREOF. NO DIMENSIONS SHOULD BE ASSUMED BY SCALE MEASUREMENT UPON THE PLAT.

I HEREBY CERTIFY THAT I HAVE SURVEYED THE ABOVE DESCRIBED PROPERTY ACCORDING TO THE OFFICIAL RECORDS AND THAT THE PLAT HEREON DRAWN CORRECTLY REPRESENTS SAID SURVEY.



SCALE 1 IN = 30 FT

CLIENT HABITAT DRAWN RTS #20
JOB NO 140-06 DATE 02/20/06
REV _____

John E. Bullock
JOHN E. BULLOCK-INDIANA LAND SURVEYOR NO. S-0512

FLD BK _____ PG _____ FILE NO 4714

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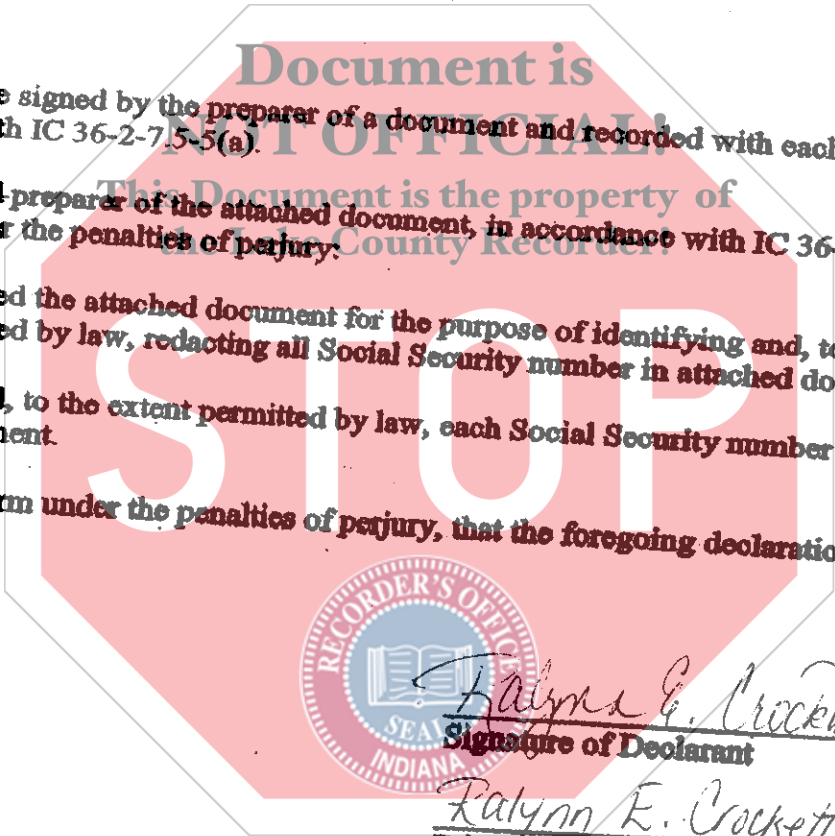
CK # 6848
CAN

BK 14
PG 52

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration



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 hereby 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.



Ralynn E. Crockett
Signature of Declarant
Ralynn E. Crockett
Printed Name of Declarant