

Warranty Deed

THIS INDENTURE WITNESSETH, That Michael Braciak, Steven Braciak

BY: Stanley Braciak, Joint Tenants
THEODORE S. BRACIAK, POA

of LAKE County, in the State of INDIANA Convey and Warrant
to

BANK CALUMET TRUST P-4274

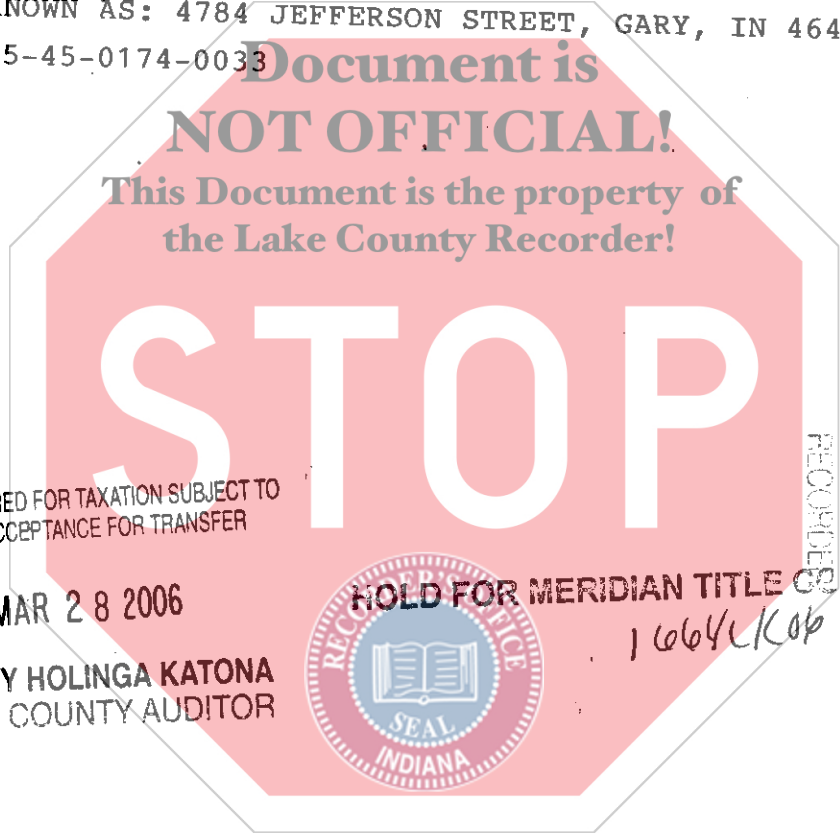
of LAKE County, in the State of INDIANA, for and in consideration of the sum of

TEN and no/100 -----(\$10.00)-----

the receipt whereof is hereby acknowledged, the following described Real Estate in LAKE County,
in the State of Indiana, to-wit:

LOT NUMBERED 28, IN BLOCK 10 AS SHOWN ON THE RECORDED PLAT OF
JUNEDALE SUBDIVISION, IN THE CITY OF GARY RECORDED IN PLAT
BOOK 19 PAGE 3 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY,
INDIANA

COMMONLY KNOWN AS: 4784 JEFFERSON STREET, GARY, IN 46408
KEY # 25-45-0174-0033



2006 025271

2006 MAR 28 AM 9:58

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR 28 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



In Witness Whereof, The said THEODORE S. BRACIAK, POA For
Stanley Braciak, Steven Braciak, Michael Braciak

has hereunto set his hand and seal, this 17th day of March, 2006

Theodore S. Braciak (Seal) _____ (Seal)
THEODORE S. BRACIAK, POA FOR
Stanley Braciak, Steven Braciak (Seal) _____ (Seal)
Michael Braciak
_____ (Seal) _____ (Seal)

STATE OF INDIANA, LAKE COUNTY, as:

Before me, the undersigned, a Notary Public in and for said County, this
17th day of March, 2006, came
THEODORE S. BRACIAK

, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal. 006620

My Commission expires JAN 14, 2010

Shirley A. Scott
SHIRLEY A. SCOTT Notary Public

This instrument prepared by: Michael Braciak

16646606

17-50

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.

"VERIFIED FOR RECORDING BY MERIDIAN TITLE"




Signature of Declarant

Cheryl A Rzepka
Printed Name of Declarant