

2006 112405

2006 DEC 26 AM 9:34

MICHAEL A. BROWN
RECORDER

2
Mail tax bills to:

3805 HAWMS RD
MERRILLVILLE IN 46410

TAXID # 43-5362-3

WARRANTY DEED

CHC 020067602

THIS INDENTURE WITNESSETH, That **TODD CONRAD**

of Lake County in the State of Indiana

CONVEY(S) AND WARRANT(S) TO **THOMAS R. EHRHARDT AND ROSEMARIE EHRHARDT, HUSBAND AND WIFE (Grantee(s))**

of Lake County in the State of Indiana

For and in consideration of One Dollar and other good valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in State of Indiana:

Chicago Title Insurance Company

A part of Lot 2, in Todd Park, as per plat thereof, recorded in Plat Book 56 page 16, more particularly described as follows: A part of the West half of the Southwest Quarter of Section 19, Township 35 North, Range 7 West of the 2nd Principal Meridian, more particularly described as follows: Commencing at a point on the West line of said tract which is 1586.05 feet North of the Southwest corner thereof, and which point is in the center line of Clay Street; thence North 100 feet along said West line; thence East 200 feet parallel to the South line of said Section; thence South 100 feet parallel to said West line; thence West 200 feet to the place of beginning, in the Lake County, Indiana.

Subject to all taxes, zoning requirements, easements, and restrictions of record.

Dated this 20 day of December, 2006.



18-
LP
CT

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

DEC 22 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

026140

X Todd Conrad

(Signature)

TODD CONRAD

(Printed Name)

COUNTY OF LAKE

STATE OF INDIANA

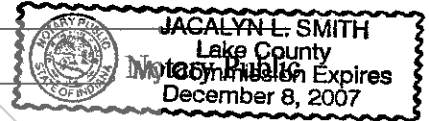
20 Before me, the undersigned, a Notary Public in and for said County and State, this day of December, 2006 personally appeared: **TODD CONRAD** and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____

Signature: [Signature]

Resident of _____

County Printed: _____

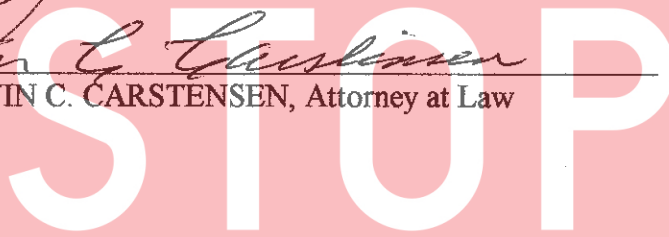


Document is NOT OFFICIAL!

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

[Signature]

ERVIN C. CARSTENSEN, Attorney at Law



This instrument prepared by: ERVIN C. CARSTENSEN, I. D. #3141-45,

Attorney at Law, 503 Main Street, Hobart, IN 46342

MAIL TO: