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2007 053237

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN 29 PM 1:51

MICHAEL A. BROWN
RECORDER

MAIL DEED TO:

MAIL TAX BILLS TO:

James V. Woodsmall
WARRICK & BOYN, LLP
Suite 400, 121 W. Franklin Street
Elkhart, IN 46516

FGPTT Properties, LLP
315 West 89th Avenue
Merrillville, IN 46410

WARRANTY DEED

Broadwest Comprehensive Medical Partnership, an Indiana partnership, *the Grantor* Conveys and Warrants to FGPTT Properties, LLP, an Indiana limited liability partnership, *the Grantee*

for and in consideration of One Dollar (\$1) and other good and valuable consideration, the receipt of which is hereby acknowledged, Real Estate in Lake County, in the State of Indiana, described as follows:

Parcel 4-A in Broadwest Medical Surgical Center, being a Planned Unit Development of Lots 4 and 5 in Broadwest Center, recorded in Plat Book 73, Page 17, in the Office of the Recorder of Lake County, Indiana

Subject to 2006 pay 2007 real estate taxes, 2007 pay 2008 real estate taxes, easements and restrictions of record. The undersigned persons executing this deed on behalf of Grantor represent and certify that they have been fully empowered, by proper resolution of the Grantor, to execute and deliver this deed; that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

Signed and dated on June 27, 2007.



Metropolitan (1)

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 29 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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State of Indiana, Lake County, ss

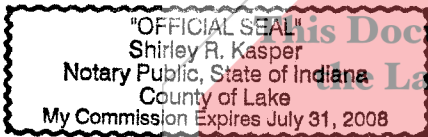
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Broadwest Comprehensive Medical Partnership by its partners, Frederick Fedorchak, D.P.M., Stephen K. Grandfield, D.P.M., Pankaj Patwari, M.D., Linne Toussaint, M.D. and George Tsoutsouris, D.P.M. and acknowledged the execution of the foregoing deed on June 27, 2007.

[Signature]
Notary Public Signature

Typed or Printed Name

Residing in _____ County

My Commission Expires: _____



Broadwest Comprehensive Medical Partnership

By: *[Signature]*
Signature

Typed or printed name: Frederick Fedorchak, D.P.M., Partner

By: *[Signature]*
Signature

Typed or printed name: Stephen K. Grandfield, D.P.M., Partner

By: *[Signature]* 6/27/07
Signature

Typed or printed name: Pankaj Patwari, Partner

By: *[Signature]* (6-27-07)
Signature

Typed or printed name: Linne Toussaint, M.D., Partner

By: *[Signature]*
Signature

Typed or printed name: George Tsoutsouris, D.P.M., Partner

This Instrument was prepared by the law firm of Warrick & Boyn, LLP, 121 W. Franklin Street, Suite 400, Elkhart, Indiana 46516, by James V. Woodsmall. 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. James V. Woodsmall.

