NAME ___METHODIST HOSPITAL OF INDIANA, INC.___

1515 N. SENATE AVENUE
INDIANAPOLIS, INDIANA 46202

ADDRESS _____

PT NE¼ 2-16-1E   2.879A
DESCRIPTION

Parcel Number _____ BROWNSBUR

Key Number _____ 176-1-01

1/15/88 WD   (from 176-1)

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIN INST
WENT TO WHITTINGTON SEC. 1 FINAL PLAT see LOT 1 in PLAT BOOK 1 page 2B)	4/24/89	12/28/89	PLAT	ALL				

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana

Parcel Number _____

Key Number _____

DESCRIPTION

SFERS TO		DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana

NAME HOSIER, SCOTT F. & JOHNSON, SYLVESTER
as tenants in common
2444 LAFAYETTE ROAD
INDIANAPOLIS, INDIANA   46222

ADDRESS _____

PT NE¼ 2-16-1E   1.21A
DESCRIPTION

Parcel Number ___ BROWNSBURG

Key Number _____ 176-2

5/8/87 ANNEXED TO BROWNSBURG (FROM 2-4-02-04 BROWN)   ASSESS 88

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART
HOSIER, SCOTT F. (known as SCOTT F. HOSIER, JR.) 2444 LAFAYETTE ROAD, INDIANAPOLIS, IN.	6/21/88	11/15/88	QCD	ALL					

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana

NAME _____   Parcel Number _____

ADDRESS _____   Key Number _____

DESCRIPTION _____

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana

NAME HOSIER, SCOTT F. & JOHNSON, SYLVESTER JR.
as equal tenants in common

Parcel Number ____ BROWNSBURG

2444 LAFAYETTE ROAD
INDIANAPOLIS, INDIANA   46222

ADDRESS _____   PT SW NE¼ 2-16-1E   16.9A ____
DESCRIPTION

Key Number _____ 176-3 ____

5/8/87 ANNEXED TO TOWN BROWNSBURG (FROM 2-10-01 BROWN)   ASSESS 88

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana

NAME _____   Parcel Number _____

ADDRESS _____   Key Number _____

DESCRIPTION _____

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART

REAL ESTATE TRANSFER RECORD
Hendricks County, Indiana