

NAME FARRAR, DAVID L.
R 1 Box 448

Parcel Number 13-1-34-52W-400-002

ADDRESS Coatesville, Indiana 46121

PT NW¹/₄ SE¹/₄ 34-15-2W 1.09A
DESCRIPTION

Key Number 60-2-1-1 AMO

8-18-89 WD

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
CHARLES F CURRY CO	7-21-92	7-28-92	SHER DEED	ALL					
SECRETARY OF VETERANS AFFAIRS									
575 PENNSYLVANIA ST INDPLS 46204	7-22-92	7-28-92	CSPWD	ALL					
NEATHERY MARVIN D & ELAINE A H&W									
R R 1 BOX 448 COATESVILLE 46121	2-2-93	2-10-93	SP WD	ALL					

NAME FARRAR, DAVID L
R 1 Box 448

Parcel Number 13-1-34-52W-400-004

ADDRESS Coatesville, Indiana 46121

PT N $\frac{1}{2}$ SE $\frac{1}{4}$ 34-15-2W 7.8A
DESCRIPTION

Key Number 60-2-1 AMO

8-18-89 WD

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
CHARLES F CURRY CO	7-21-92	7-28-92	SHER DEED	ALL					
SECRETARY OF VETERANS AFFAIRS 575 PENNSYLVANIA ST INDPLS 46204	7-22-92	7-28-92	CSPWD	ALL					
NEATHERY MARVIN D & ELAINE A H&W RR 1 BOX 448 COATESVILLE 46121	2-2-93	2-10-93	SP WD	ALL					

13-AMO

NAME ~~NICHOLS GERALDINE~~
CHURCH STREET
AMO IN
ADDRESS 46103

HODSON'S ADDITION LOT 25

Parcel Number 13-1-02-42W 115-002
Key Number 13.55-25

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
NICHOLS, Geraldine 223 E. Church St., Amo, IN 46103	6-22-94	8-17-94	QCD	All					

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

NAME NYE ~~WILLIAM H &~~ EVELYN R
340 W MAIN STREET
ADDRESS AMO IN 46103

13-AMO

PT SE SE 34-15-2W
.49A

Parcel Number 13-1-34-52W 400-014
Key Number 13.60-17-1

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
Nye, Evelyn R P O Box 1, Amo, Indiana 46103	10-16-03	11-21-03	AFF Surv	ALL					

NAME _____

Parcel Number _____

ADDRESS _____

DESCRIPTION _____

Key Number _____

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