NAME	BENGE PATRICIA J ADULT	

Parcel Numb

32-05-07-300-003.000-007 04-2-07-62W 300-003 ONEAL JEFFERY A & BARBARA A

ADDRESS	
ADDRESS	

PT N½ SW¼ 7-16-2W 2.34A

DESCRIPTION

Key Number EEL RIVER 7-10-1

6-1-90 AFF									
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
O'NEAL JEFFREY A & BARBARA A H&W 8787 W Co Rd 550N N Salem	5-29-90	6-1-90	WD	ALL					
				4					

NAME	DAVI	S	SUE	E	&	SMITH	JAMES	W	TEN	IN	COMMON
	681	N	200	W							

04-2-05-62W 300-002 Parcel Number

ADDRESS Greenfield 46140

N¹₂ S¹₂ SW¹₄ 5-16-2W 46.14A DESCRIPTION

EEL RIVER 5-7 Key Number

11-28-90 PERS REP DEED									
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
GREENLEAF DEVELOPMENT INC	5-20-92	5-26-92	2 WD	ALL					
DUNNE RUTH T	5_20_02	5-26-01	CLID	АТТ					
390 E 200 S DANVILLE 46122 MERCHANTS NATIONAL BANK & TRUST	CO OF TI	JDPLS AS	TRIISTE	E IINDI	R				
AGREEMENT WITH RUTH T DUNNE DATE	ED 12-3-	74	110011	LI OIVE					
ONE MERCHANTS PLAZA SUITE 828E	INDIANAP	DLIS 462	55						
	10-2-92			ALL					
00/01 SPLIT ALL WENT TO 300-006									
	2-13-99	12-27-99	TR D	ALL					
	FOR REI	FEDENI	FONL						
	ALL WENT	TO OTHER	PARCELS						

NAME	DAVI	S	SUE E	& SMITH JAMES W TEN IN COMMO	N
	681	N	200 W		

Parcel Number <u>04-2-05-62W</u> 300-003

ADDRESS Greenfield 46140

PT Why SE 1/2 5-16-2W 10A

DESCRIPTION

Key Number <u>EELRIVER</u> 5-7-A/

11-28-90 PERS REP DEED DATE OF INST'NT DATE OF TRANSFER KIND OF ALL OR DATE OF DATE OF KIND OF ALL OR TRANSFERS TO TRANSFERS TO INST'NT PART TRANSFER INST'NT INST'NT PART 5-20-92 5-26-92 GREENLEAF DEVELOPMENT INC WD ALL DUNNE RUTH T 390 E 200 S DANVILLE 46122 5-20-92 5-26-92 CWD ALL MERCHANTS NATIONAL BANK & TRUST CO OF INDPLS AS TRUSTEE UNDER AGREEMENT WITH RUTH T DUNNE DATED DECEMBER 3, 1974 ONE MERCHANTS PLAZA SUITE 828E 10-2-92 10-15-92 WD INDIANAPOLIS 46255 ALL 00/01 SPLIT ALL WENT TO 300-006 ORCHARD DEVELOPMENT COPR 12-13-99 12-27-99 TR D ALL FOR REFERENCE ONLY ALL WENT TO OTHER PARCELS

32-04-28-300-005.000-007 04-1-28-72W 300-005 ORCHARD DEVELOPMENT CORP

NAME	ORCHARD DEVELOPMENT CORP
TAT TIATE	CANCELLA DEL COLO

04-EEL RIVER

113.44 AC

Parcel Number

8303 STATE ROAD 23
ADDRESS NORTH SALEM IN 46165

PT SW ½ 28-17-2W & PT NW ½ 33-17-2W 133.54AC DESCRIPTION

Key Number

00/01 SPLIT CAME FROM 300-001 6-29-99 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
TAYLOR CHARITABLE REMAINDER UNITRUST OWENS, GARY of the North Salem State	Rank								
8303 St. RD 236, North Salem, IN 461	651-7-00	1-12-00	CWD	A11					
ORCHARD DEVELOPMENT CORPORATION	2-9-01 46165	2-13-01	Tr Dd	ALL					
8303 State Road 236, North Salem, In 02/03 SPLIT 20.1 AC WENT TO 300-006 MITCHELL, TRACY L.	1-17-02	1-17-02	C.W.D.	PT					

32-05-05-300-006.000-007 04-2-05-62W 300-006 ORCHARD DEVELOPMENT CORP

		STATE		
ADDRESS	NORTH	SALEM	I IN	46165

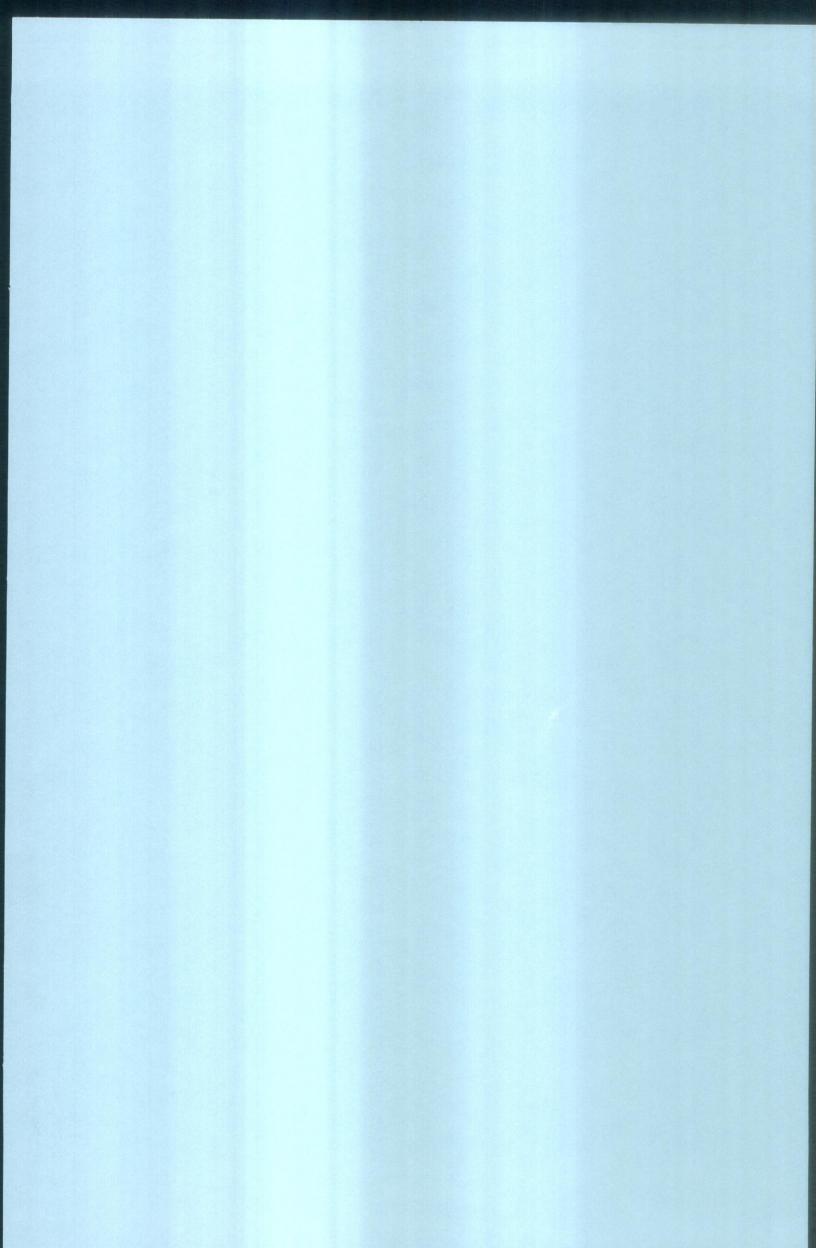
PT S ½ 5-16-2W
58-84AC DESCRIPTION

Key Number

Parcel Numb

00/01 SPLIT CAME FROM 300-002,-003, 400-001 12-27-99 TR D20.0 AC

TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER		ALL OR PART	TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART
01/02 SPLIT 10.84AC WENT TO 300-007	& 28.0AC	WENT TO 3	00-008						
FRAIL CORRIDOR DEVELOPMENT INC	11-16-0	0 12-4-0	0 GWD	PT					



NAME	ORCHARD	DEVELOPMENT	INC	

32-05-08-100-007.000-007 04-2-08-62W 100-007 Parcel Number ORCHARD DEVELOPMENT INC

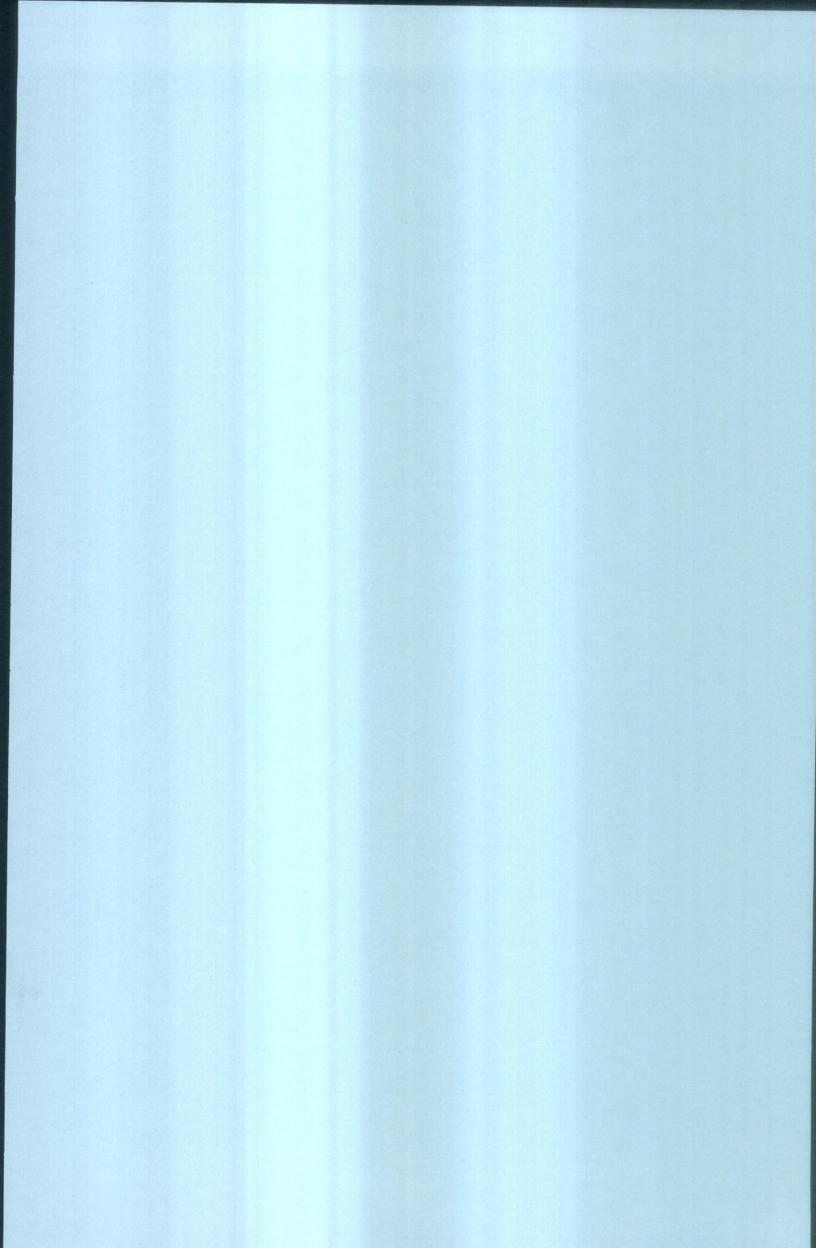
ADDRESS NORTH SALEM IN 46165

PT NW 4 8-16-2W WILDLIFE HABITAT 20.26AC DESCRIPTION

Ley Number	

99/00 SPLIT CAME FROM 100-003 12-4-98 CWD

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
REF ONLY: ALL IN WILDLIFE HABITAT	5-25-99	6-11-99	APP CLAS	S ALL					



32-05-04-100-007.000-007 04-2-04-62W 100-007 **OTT JOAN H & MASCHEYER JANE**

4.4-4

NAME _	OTT	JO	AN	H	8	MAS	CHEYE	R JANE
	71	11		S	TA	TE	ROAD	236
	NORT	H	SAL	EM				IN

PT W NW 4-16-2W 19.17A

Key Number _

Parcel Number

46165 ADDRESS

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						Parcel Number			
ADDRESS	PTION Key Number								
TRANSFERS TO	DATE OF INST'NT	DATE OF TRANSFER	KIND OF INST'NT	ALL OR PART	TRANSFERS TO	DATE OF INST'NT		KIND OF INST'NT	ALL OR PART

32-05-04-300-001.000-007 04-2-04-62W 300-001 OTT JOAN H & MASCHMEYER JANE H

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1 ai	100	101	NU.	1111	<u> </u>	w.

	4-4-6	
Key Number		

TIDDICEOU			DESCRIPTION
ADDRESS	NORTH SAL	46165	.70A
		STATE ROAD 236	PT NW SW 4-16-2W
NAME		H & HADVIII-IFU AUIT	

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
					STATE OF THE PARTY				

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

32-05-05-200-003.000-007 04-2-05-62W 200-003 OTT JOAN H & MASCHMEYER JANE H

rcel		

4-5-5-1

Key Number __

NORTH SALEM IN 46165 ADDRESS ____

OTT JOAN H & MASCHMEYER JANE H

7111 STATE ROAD 236

PT NE & PT SE 5-16-2W 55.70A

DESCRIPTION

10 01 85

NAME _

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		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
								No. of the	

NAME - OSBORN KEITH T & VIRGINIA A STATE ROAD 136

JAMESTOWN IN 46147

ADDRESS ____

PT NE NW 14-17-2W DESCRIPTION

Parcel Number

4.20-8

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
OSBORN, Virginia Helen	3-6-96	3-12-96	WD	All					
R.R.#1, Box 253, Lizton 46149 01/02 WORKED FOR 00/01 SPLIT .03AC WE	NT TO STA	TE OF IN							
ROW 799-001	9-13-00	11-2-00	WD	PT					
NOW 733-001	7 13 00	11 2 00	112						

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
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70.00 A

PT S SW 5-16-2W

DESCRIPTION

32-05-05-300-004.000-007 04-2-05-62W 300-004

OTT JOAN H & MASCHMEYER JANE H

Parcel Numbe

4.5-11

Key Number __

NAME OTT JOAN H & MASCHMEYER JANE H 7111 STATE ROAD 236 NORTH SALEM IN

46165 ADDRESS ____

10 01 85

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 OF PART

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

Parcel Number

32-05-08-100-001.000-007 04-2-08-62W 100-001 OTT JOAN H & MASCHMEYER JANE H

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NAME OTT JOAN H & MASCHMEYER JANE H

NORTH SALEM

IN 46165

PT W NW 8-16-2W 12.5A

DESCRIPTION

4.8-1 Key Number ____

10 01 85

ADDRESS ____

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	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
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32-05-08-100-002.000-007 04-2-08-62W 100-002 OTT JOAN H & MASCHMEYER JANE H

IAME	OTT J	OAN H	8	MAS	CHME	YER J	ANE H
	711	1	STA	TE	POAD	236	

NORTH SALEM

IN 46165

P	T	W	NW	8-1	6-2	21
2	0	00	A			

DESCRIPTION

_____ Key Number __

Parcel Number

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ADDRESS _

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		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
PERSONAL PROPERTY.									

OWEN, Lary D & Sheila Ryn bull OWEN PERRY N & LOIS IMOGENE N STATE ROAD 75

4-EEL RIVER

32-04-33-200-004.000-007 04-1-33-72W 200-004 OWEN GARY D & SHEIL A I

NAME _

N STATE ROAD 75

46165

PT NE 33-17-2W 10.0AC-C 4.39-7

Key Number _

Parcel 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
OWEN, GARY D. & SHEILA LYN H/W 7800 State Road 75 N, North Salem, IN		10-06-03	WD	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

32-04-28-300-003.000-007 04-1-28-72W 300-003 OWEN PERRY N & IMOGENE

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PT E SW 28-17-2W 11.0A DESCRIPTION

Key Number

LADOGA ROAD NORTH SALEM IN 46165

NAME OWEN PERRY N & IMOGENE

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		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
					SALES OF THE SECOND SALES				

32-04-28-300-004.000-007 04-1-28-72W 300-004 OWEN PERRY N & LOIS IMOGENE

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	Parcel	N111

Key Number _

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NAME .	OWEN	PERRY	N 8	LOIS	IMOGENE
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46165 ADDRESS

SE SE & SW SE 28-17-2W 19.8AC-C DESCRIPTION

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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

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	ADDRESS	RIPTION	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							
									COLUMN TO SERVICE STATE OF THE		SEA CHE							

32-04-28-400-002.000-007 04-1-28-72W 400-002 OWEN PERRY N & LOIS IMOGENE

NAME	OWEN	PERRY	N 8	LOIS	IMOGENE	

N STATE ROAD 75

NORTH SALEM IN

ADDRESS ____

46165

SW SE & SW SE 28-17-2W 81.4AC-C

4-EEL RIVER

DESCRIPTION

4 • 34 - 16 - 1 Key Number

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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		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
March Street,									

32-04-33-200-001.000-007 04-1-33-72W 200-001 OWEN PERRY N & LOIS IMOGENE

NAME _	OV	E	N	P																					
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PT E NE 33-17-2W 20.6AC-C

Parcel Number

DESCRIPTION

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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
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32-04-33-200-002.000-007 04-1-33-72W 200-002 OWEN PERRY N & LOIS IMOGENE

4.39-4

Parcel Numb

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PT E NE 33-17-2W 20.A DESCRIPTION

Key Number _

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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
							THAIR CO.		

32-04-33-200-003.000-007 04-1-33-72W 200-003 OWEN PERRY N & LOIS IMOGENE

NAME _	OWEN	PE	RE	Y	N	8	L	OI	S	IM	OGE	N	131		
NAME -		9 8	N		ST	AT	E	RO	AD	7	5 (R	E	AR)
	NORTH	9	44	5	M						1	N			

ADDRESS

IN 46165

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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

32-04-33-200-005.000-007 04-1-33-72W 200-005 OWEN PERRY N & LOIS IMOGENE

4-EEL RIVER

NAME OWEN PERRY N & LOIS IMOGENE
N STATE ROAD 75 (REAR)

NORTH SALEM IN 46165

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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						Parcel Num	ber			
ADDRESS		_		DESC	RIPTION	Key Numbe	r			
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10.4AC-C

NAME _ OWEN PERRY N & LOIS IMOGENE

NORTH SALEM IN
ADDRESS 46165

N STATE ROAD 75 (REAR)

4-EEL RIVER

PT E NE 33-17-2W

DESCRIPTION

32-04-33-200-006.000-007 04-1-33-72W 200-006 OWEN PERRY N & LOIS IMOGENE

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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 OF

NAME		Parcel Number
ADDRESS	DESCRIPTION	Key Number

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					CONTRACTOR OF THE PROPERTY OF				

32-04-33-200-008.000-007

4-EEL RIVER

NAME _ OWEN PERRY N & LOIS IMOGENE N STATE ROAD 75

NORTH SALEM IN
ADDRESS 46165

PT E NE 33-17-2W 20.0A

DESCRIPTION

04-1-33-72W 200-008 **OWEN PERRY N & LOIS IMOGENE**

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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		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
					DOLLAR BURNING STREET				