

22-STILESVILLE

NAME BUCHANAN LUTHER  
213 W SOUTH STREET  
STILESVILLE IN  
 ADDRESS 46180

ALEXANDER ADD  
LOT 28  
 DESCRIPTION

Parcel Number 22-1-21-42W 428-006

Key Number 22.40-28

| 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 |
|---|-------------------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| <del>WALKER, DONALD L &amp; JANEVEE WALKER H&amp;W</del><br><del>P O BOX 153 STILESVILLE 46180</del>                      |                         | 6-25-91          | WD              | ALL         |              |                 |                  |                 |             |
| WALKER, Janevee<br>6174 South St., P.O. Box 153, Stilesville 46180  | 5-9-96                  | 1-27-97          | WD              | All         |              |                 |                  |                 |             |
| <del>WALKER, Janevee &amp; WALKER, Janeen G., AS JT. TENANTS WROS</del><br>6174 South St., P.O. Box 53, Stilesville 46180 | (Surv.Aff. notation on) |                  | WD              |             |              |                 |                  |                 |             |
| WALKER, Janevee & WALKER, Janeen G., AS JT. TENANTS WROS<br>6174 South St., P.O. Box 53, Stilesville 46180                | 5-9-96                  | 1-27-97          | WD              | All         |              |                 |                  |                 |             |
| WALKER, Thomas E. & Melissa A.<br>6174 South Street, Stilesville 46180  | 1-30-97                 | 2-11-97          | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

NAME WARD JOEL S & BRENDA J  
106 CUMBERLAND STREET  
STILESVILLE IN  
ADDRESS 46180

22-STILESVILLE

ORIG PLAT PT LT 49

Parcel Number 22-1-21-42W 298-002

22.35-22-1

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 \_\_\_\_\_

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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

NAME WARMOTH ROY & CHRISTINE  
TUDOR ROAD  
STILESVILLE IN  
ADDRESS 46180

22-STILESVILLE

PT SW 22-14--2W  
.3AC-C

Parcel Number 22-1-22-42W 300-003

22.50-7

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 |
|--|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| WARMOTH, TREVA CHRISTINE<br>8610 W 10th St., Apt. 440, Indianapolis, Ind 46234 | 6-12-96         | 5-23-01          | Sur Aff         | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

NAME ~~WEBSTER BARBARA A & DOYLE R~~  
 MORGAN STREET  
 STILESVILLE IN  
 ADDRESS 46180

22-STILESVILLE

PT SW 22-14-2W  
 .6AC-C

DESCRIPTION

Parcel Number 22-1-22-42W 305-004

22.50-4-2

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 |
|--|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| WEBSTER BARBARA ANN<br>P O BOX 106 STILESVILLE 46180 | 10-91           | 10-15-91         | QCD             | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |





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 ~~WHITT RALEIGH & LORENE~~  
TUDOR RD @ MORGAN ST  
STILESVILLE IN  
ADDRESS 46180

22-STILESVILLE  
PT NW SW 22-14-2W 0.43A

Parcel Number 22-1-22-42W 305-005  
Key Number 22.50-4-1

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 |
|--|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| WELLS, JAMES E. & MARCIA A. H/W<br>8561 TUDOR RD., STILESVILLE, IN 46180 | 3-26-04         | 3-31-04          | WD              | ALL         |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |
|  |                 |                  |                 |             |              |                 |                  |                 |             |



22-STILESVILLE

NAME ~~RIDENOUR DAVID EUGENE~~  
E STATE ROAD 40  
STILESVILLE IN  
ADDRESS 46180

Parcel Number 22-1-22-42W 155-018  
22.45-92  
Key Number

WILCOX PT LOT 92 ALL 93  
+ PT 94 + ALLEY  
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 |
|--|----------------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| <del>GIBSON, Raymond T. &amp; GRIFFIN, James: AS TENANTS</del><br>5123 S. SR 39, Clayton 46118                                 | IN COMMON<br>7-16-97 | 7-22-97          | PRD             | ALL         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S St Rd 39, Clayton, IN 46118  | 05-08-99             | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| <del>WHITE, JOHN R. &amp; ANGELA M.</del><br><del>3190 S. State Road 142, Martinsville, IN 46151</del><br><u>LAND CONTRACT</u> | 10-6-03              | 10-08-03         | Mem L/C         | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

22-STILESVILLE

NAME ~~RIDENOUR DAVID EUGENE~~  
311 E STATE ROAD 40  
STILESVILLE IN  
ADDRESS 46180

Parcel Number 22-1-22-42W 155-017  
Key Number 22.45-92-1

WILCOX ADD PT LOT ~~44~~ 92  
4.5 FEET OF VAC. ALLEY  
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 |
|---|----------------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| GIBSON, Raymond T. & GRIFFIN, James: AS TENANTS<br>5123 S. SR 39, Clayton 46118             | IN COMMON<br>7-16-97 | 7-22-97          | PRD             | All         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S St Rd 39, Clayton IN 46118                        | 05-08-99             | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| WHITE, JOHN R. & ANGELA M.<br>3190 S. State Road 142, Martinsville,<br><u>LAND CONTRACT</u> | 10-6-03<br>IN 46151  | 10-08-03         | Mem L/C         | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |



22-STILESVILLE

NAME ~~MCMILLAN R J & DORTHA MAE~~  
 309 E STATE ROAD 40  
 STILESVILLE IN  
 ADDRESS 46180

WILCOX ADD LOT 91  
 & PT ALLEY (5 Ft.)  
 DESCRIPTION

Parcel Number 22-1-22-42W 155-016  
 Key Number 22.42-91

| 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 |
|---|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| MCMILLAN, Dortha Mae<br>1142-C Castlebury Dr., Greencastle, IN 46135                              | 2-18-95         | 2-24-95          | Aff.Surviv.     | All         |              |                 |                  |                 |             |
| <del>RIDENOUR, David E. &amp; Patty L. h/w</del><br>5806 US 40 West, Stilesville 46180            | 2-17-95         | 2-24-95          | WD              | All         |              |                 |                  |                 |             |
| <del>RIDENOUR, Patty L.</del> & GRIFFIN, James, TENANTS IN COMMON<br>5123 S. SR 39, Clayton 46118 | 7-16-97         | 7-22-97          | WD              | All         |              |                 |                  |                 |             |
| GIBSON, Raymond T. & GRIFFIN, James: TENANTS IN COMMON<br>5123 S. SR 39, Clayton 46118            | 7-16-97         | 7-22-97          | WD              | All         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S ST Rd 39, Clayton, IN 46118                             | 05-08-99        | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| WHITE, JOHN R. & ANGELA M.<br>3190 S. State Road 142, Martinsville, IN 46151                      | 10-6-03         | 10-08-03         | Mem L/C         | All         |              |                 |                  |                 |             |
| <del>LAND CONTRACT</del>  |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |

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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

22-STILESVILLE

NAME ~~RIDENOUR DAVID EUGENE~~  
214 E NORTH STREET  
STILESVILLE IN  
ADDRESS 46180

Parcel Number 22-1-22-42W 155-008  
Key Number 22.45-92-A1

WILCOX ADD LOT 119, 120 & PT LOT 121

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 |
|---|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| GIBSON, Raymond T. & GRIFFIN, James: AS TENANTS<br>5123 <sup>S</sup> SR 39, Clayton 46118 | 7-16-97         | 7-22-97          | PRD             | ALL         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S St Rd 39, Clayton, IN 46118                     | 05-08-99        | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| WHITE, JOHN R. & ANGELA M.<br>3190 S. State Road 142, Martinsville, IN 46151              | 10-6-03         | 10-08-03         | Mem L/C         | ALL         |              |                 |                  |                 |             |
| <del>LAND CONTRACT</del>  |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |

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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

22-STILESVILLE

NAME ~~RIDENOUR DAVID EUGENE~~  
212 E NORTH STREET  
STILESVILLE IN  
ADDRESS 46180

WILCOX ADD W 1/2 LOT 119  
4 5 FT. VAC. ALLEY  
DESCRIPTION

Parcel Number 22-1-22-42W 155-007  
Key Number 22.45-92-1-1

| 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 | KIND OF INST'NT | ALL OR PART |
|---|----------------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| GIBSON, Raymond T. & GRIFFIN, James: AS TENANTS<br>5123 S. SR 39, Clayton 46118 | IN COMMON<br>7-16-97 | 7-22-97          | PRD             | ALL         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S St Rd 39, Clayton, IN 46118           | 05-08-99             | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| WHITE, JOHN R. & ANGELA M.<br>3190 S. State Road 142, Martinsville, IN 46151    | 10-6-03              | 10-08-03         | Mem L/C         | ALL         |              |                 |                  |                 |             |
| <del>LAND CONTRACT</del>  |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |
|   |                      |                  |                 |             |              |                 |                  |                 |             |

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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

22-STILESVILLE

NAME ~~MCMILLAN R.J. & DORTHA MAE~~  
210 E MAIN STREET  
STILESVILLE IN  
ADDRESS 46180

Parcel Number 22-1-22-42W 155-006

WILCOX ADD LOT 118  
& PT ALLEY  
DESCRIPTION

22.42-91-1

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 |
|---|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| <del>MCMILLAN, Dortha Mae</del><br>1142-C Castlebury Dr., Greencastle, IN 46135                       | 2-18-95         | 2-24-95          | Aff.Surviv.     | All         |              |                 |                  |                 |             |
| <del>RIDENOUR, David E. &amp; Patty L. h/w</del><br>5806 US 36 West, Stilesville 46180                | 2-17-95         | 2-24-95          | WD              | All         |              |                 |                  |                 |             |
| <del>RIDENOUR, Patty L.</del><br>5123 S. SR 39, Clayton 46118   | 7-16-97         | 7-22-97          | WD              | All         |              |                 |                  |                 |             |
| <del>GIBSON, Raymond T. &amp; GRIFFIN, James: TENANTS IN COMMON</del><br>5123 S. SR 39, Clayton 46118 | 7-16-97         | 7-22-97          | WD              | All         |              |                 |                  |                 |             |
| Gibson, Raymond T & Deborah H/W<br>5123 S St RD 39, Clayton, IN 46118                                 | 05-08-99        | 07-12-99         | WD              | ALL         |              |                 |                  |                 |             |
| <del>WHITE, JOHN R. &amp; ANGELA M.</del><br>3190 S. State Road 142, Martinsville, IN 46151           | 10-6-03         | 10-08-03         | Mem L/C         | All         |              |                 |                  |                 |             |
| <del>LAND CONTRACT</del>  |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |
|   |                 |                  |                 |             |              |                 |                  |                 |             |

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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |



22-STILESVILLE

NAME ~~WILLIAMS JANET A~~  
303 E NORTH STREET  
STILESVILLE IN  
ADDRESS 46180

Parcel Number 22-1-22-42W 100-004

PT W NW 22-14-2W  
.15A

22.48-2-1-1

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 |
|---|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| <del>FUGATE, Janet A.</del><br>23 E. North St., Stilesville 46180   | 8-8-94          | 8-16-94          | QCD             | All         |              |                 |                  |                 |             |
| <del>WILLIAMS THOMAS</del><br>P.O. Box 38, Coatesville, IN 46121  | 11-30-98        | 12-02-98         | Per Rep         | ALL         |              |                 |                  |                 |             |
| <del>WILLIAMS TIMOTHY</del><br>WILLIAMS, TIMOTHY & CLINE, DAWN R. Jt Ten WKOS<br>3660 S County Road 800 West, Coatesville, In 46121 | 4-1-99          | 4-8-99           | AFF SCHR        | ALL         |              |                 |                  |                 |             |
|   | 2-14-02         | 2-26-02          | WD              | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |

22-STILESVILLE

NAME ~~HARMAN JAMES H & NORMA JEAN~~  
CLINTON STREET  
STILESVILLE IN  
ADDRESS 46180

ALEXANDERS ADD  
LOT 19

Parcel Number 22-1-21-42W 440-003

22.39-19

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 |
|---|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
| WYNKOOP CYNTHIA<br>P O Box 112, Stilesville, In 46180 | 09-22-99        | 10-27-99         | 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 |
|--------------|-----------------|------------------|-----------------|-------------|--------------|-----------------|------------------|-----------------|-------------|
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |
|              |                 |                  |                 |             |              |                 |                  |                 |             |