| AME   | HOLLAWAY HILLS ASSOCIATES INC        |                    |       |    |       | Parcel Number |
|-------|--------------------------------------|--------------------|-------|----|-------|---------------|
|       | R R 1 BOX 347<br>WHITESTOWN IN 46075 |                    |       |    |       | Tareer Number |
| DDEEC | WIIILDIOMY IN 40075                  | HOLLAWAY RIDGE SEC | 1 LOT | 33 | .30AC | Vev Number    |

Key Number BROWNSBURG/MIDDLE

26-1-32-71E 480-006

DESCRIPTION

95/96 SPLIT CAME FROM 400-001 VOL 3 PAGE 1D PLAT 9/14/94

| ASSESS | 95 | 196 |
|--------|----|-----|
| POULO  | 11 | 20  |

| 95/96 SPLIT CAME FROM 400-001 VOL 3 PAGE 1D PLAT 9/14/94  ASSESS 95/96 |  |                     |                    |                |              |                    |                     |                    |                |
|--|--|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|
| TRANSFERS TO   | DATE OF<br>INST'NT   | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
| MAHONEY, GARY L. & VICKI S H/W 1422 Hornaday Road, Brownsburg, IN      | 12-7-99<br>46112   | 12-10-99            | CWD                | ALL            |              |                    |                     |                    |                |
| VANDYKE, JASON 8.<br>6880 West 13th Street, Indinapolis, In            | 8-29-01  | 8-31-01             | WD                 | ALL            |              |                    |                     |                    |                |
| VAN DYKE, JASON 1/2 Int &  |  |                     |                    |                |              |                    |                     |                    |                |
| VAN DYKE, JOHN 1/2 Int<br>48 Hollaway Blvd., Brownsburg, In 46         | 12-31-02<br>112  | 12-31-0.            | 2 QCD              | ALL            |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  |  |                     |                    |                |              |                    |                     |                    |                |
|  | The second secon |                     | 100                |                |              |                    |                     |                    |                |

| NAME         |                    |                     |                    |             |              | Parcel Num | ber                |                     |                    |                |
|--------------|--------------------|---------------------|--------------------|-------------|--------------|------------|--------------------|---------------------|--------------------|----------------|
| ADDRESS      |                    |                     |                    | DESC        | RIPTION      | Key Numbe  | r                  |                     |                    |                |
| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART | TRANSFERS TO |            | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|              |                    |                     |                    |             |              |            |                    |                     |                    |                |
|              |                    |                     |                    |             |              |            |                    |                     |                    |                |
|              |                    |                     |                    |             |              |            |                    |                     |                    |                |
|              |                    |                     |                    |             |              |            |                    |                     |                    |                |

| NAME HOLLAWAY HILLS ASSOCIATES IN R R 1 BOX 347 | C                  |                     |                    |                |  | Parcel Num | ber   | -1-32-71E           | 482-006                     |                |
|---|--------------------|---------------------|--------------------|----------------|--|------------|---|---------------------|-----------------------------|----------------|
| WHITESTOWN IN 46075                             |                    |                     |                    |                |  |            |   |                     |                             |                |
| ADDRESS   |                    | HOLL                | AWAY RID           |                | 1 LOT 6 N1/2<br>CRIPTION   | Key Numbe  | er BR   | ROWNSBURG/          | MIDDLE                      |                |
|   |                    |                     |                    |                |  | ^,         |   |                     |                             |                |
| 95/96 SPLIT CAME FROM 400-001 VOL 3 PA          |                    |                     |                    | 181/0          | The second secon | 01         | A STATE OF THE OWNER, | SESS 95/9           | THE RESERVE OF THE PARTY OF |                |
| TRANSFERS TO                                    | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO   |            | DATE OF<br>INST'NT  | DATE OF<br>TRANSFER | KIND OF<br>INST'NT          | ALL OR<br>PART |
| HICKS STEVEN R & DANA K HW                      | 6/27/95            | 6/29/95             | CWD                | ALL            |  |            |   |                     |                             |                |
| 3416 SUMMERFIELD DRIVE INDIANAPOLIS 46          |                    |                     |                    |                |  |            |   |                     |                             |                |
| VANDYKE, JOHN C & TAMMY R H/W                   | 7-24-01            | 8-14-01             | WD                 | ALL            |  |            |   |                     |                             |                |
| 43 Hollaway Blvd., Brownsburg, In 46112         |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    |                     |                    |                |  |            |   |                     |                             |                |
|   |                    | ELIZABETH SERVICE   | THE PARTY OF HIS   | NO SHEET STATE | RECORD STATE OF THE PARTY OF TH |            |   | REPRESENTA          |                             | B/MB/MB        |

| NAME    |             | Parcel Number |
|---------|-------------|---------------|
| ADDRESS | DESCRIPTION | Key Number    |

| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART |
|--------------|--------------------|---------------------|--------------------|-------------|--------------|--------------------|---------------------|--------------------|-------------|
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |

| NAME HOLLAWAY HILLS ASSOCIATES 6051 S INDIANAPOLIS ROAD | INC                |                     |                    |  |              | Parcel Number | 26-                | 1-32-71E 4          | 134-024            |                |
|---|--------------------|---------------------|--------------------|--|--------------|---------------|--------------------|---------------------|--------------------|----------------|
| WHITESTOWN IN 46075 ADDRESS                             |                    | HOLLAW              | AY POINT           | A CONTRACTOR OF THE PARTY OF TH | LOT 39 .24AC | Key Number _  | BRO                | WNSBURG/MI          | IDDLE              |                |
| 98/99 SPLIT CAME FROM 400-001 VOL 1 F                   | AGE 1D 8           | /7/97 PLAT          | r                  |  |              |               | ASSI               | ESS 98/99           |                    |                |
| TRANSFERS TO  | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART  | TRANSFERS TO |               | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OF<br>PART |
| VERVYNCHT, LARRY & MARGARET H/W                         | 2-14-03            | 2-18-03             | CWD                | All  |              |               |                    |                     |                    |                |

|  |                    |                     |                    |                |              |                    | SHARE SHOULD BE SHOULD |                    |                |
|--|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---|--------------------|----------------|
| TRANSFERS TO   | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER   | KIND OF<br>INST'NT | ALL OR<br>PART |
| VERVYNCNT, LARRY & MARGARET H/W<br>5563 E County Road 989 N, Demotte, IN | 2-14-03<br>46310   | 2-18-03             | CWD                | All            |              |                    |   |                    |                |
| VERVYNCKY, LARRY & MARGARET H/W<br>to correct spelling of name           | 5-7-03             | 5-8-03              | Scriv              | A11            |              |                    |   |                    |                |
| 5563 E County RD. 989 N, Demotte, IN                                     | 46310              |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |
|  |                    |                     |                    |                |              |                    |   |                    |                |

| N | AME          | _                  |                     |                    |                |              | Parcel Num | ber                |                     |                    |                |
|---|--------------|--------------------|---------------------|--------------------|----------------|--------------|------------|--------------------|---------------------|--------------------|----------------|
| A | DDRESS       |                    | _                   |                    | DESC           | RIPTION      | Key Numbe  | r                  |                     |                    |                |
|   | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO |            | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|   |              |                    |                     |                    |                |              |            |                    |                     |                    |                |
|   |              |                    |                     |                    |                |              |            |                    |                     |                    |                |
|   |              |                    |                     |                    |                |              |            |                    |                     |                    |                |
|   |              |                    |                     | Beauties and       |                |              |            |                    |                     |                    |                |

| NAME | HOLLAWAY HILLS ASSOCIATES INC |  |
|------|-------------------------------|--|
|      | 6051 S INDIANAPOLIS ROAD      |  |
|      | WHITESTOWN IN 46075           |  |

| Parcel | Number     | 26-1-32-71E 430                                  | 0-001 |
|--------|------------|--|-------|
|        | 1.00111001 | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. |       |

| ADDRESS |  |  |
|---------|--|--|
|         | THE RESERVE OF THE PARTY OF THE | CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND A |

HOLLAWAY POINTE SEC 1 LOT 81 .40AC DESCRIPTION

Key Number \_\_\_\_BROWNSBURG/MIDDLE

97/98 SPLIT CAME FROM 400-001(12.35AC) & ALL OF 400-002 VOL 1 PAGE 1d PLAT 8/1/96

97/98 ASSESS

| TRANSFERS TO  | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR<br>PART |
|---|--------------------|---------------------|--------------------|----------------|--------------|--------------------|---------------------|--------------------|----------------|
| LINMARC HOMES, INC.   | 9-28-99            | 9-30-99             | CWD                | ALL            |              |                    |                     |                    |                |
| 6051 S. Indianapolis Rd., Whitestown, VINTON, WILLIAM & CHRISTINE H/W 19 KILLARNEY CIRCLE, BROWNSBURG, IN 46112 | 7-8-02             | 7-10-02             | CWD                | ALL            |              |                    |                     |                    |                |
| 19 KILLARNEY CIRCLE, BROWNSBURG, IN 46112   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |
|   |                    |                     |                    |                |              |                    |                     |                    |                |

| NAME    |             | Parcel Number |
|---------|-------------|---------------|
| ADDRESS | DESCRIPTION | Key Number    |

| TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART | TRANSFERS TO | DATE OF<br>INST'NT | DATE OF<br>TRANSFER | KIND OF<br>INST'NT | ALL OR PART |
|--------------|--------------------|---------------------|--------------------|-------------|--------------|--------------------|---------------------|--------------------|-------------|
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |
|              |                    |                     |                    |             |              |                    |                     |                    |             |