THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Parcel Identification No. _____

PARTNERSHIP DEED

THIS INDENTURE WITNESSETH, That _____

_____ ("Grantor"), a general /

limited / limited liability partnership (strike two) organized and existing under the laws of the State of _____, of

_____ County, Indiana, CONVEYS AND WARRANTS -- RELEASES AND QUIT CLAIMS (strike one)

to _____

_____ ("Grantee") of _____ County,

in the State of _____, in consideration of One Dollar ($1.00) and other valuable consideration, the receipt of which is

hereby acknowledged, the following described real estate in _____ County, in the State of Indiana, to-wit:

The undersigned person(s) executing this deed represent(s) and certify / certifies on behalf of the Grantor, that each of the undersigned person(s) has / have full power and authority to execute and deliver this deed; that said person(s) has / have full partnership authority to convey the real estate described; that all necessary partnership action for the making of this conveyance has been duly taken, and that this Deed has been executed in the name of such partnership.

IN WITNESS WHEREOF, Grantor has caused this deed to be executed this _____ day of _____,
201____.

_____
(NAME OF PARTNERSHIP)

By:_____   By: _____

_____   _____
(PRINTED NAME OF PARTNER)   (PRINTED NAME OF PARTNER)

STATE OF _____**, COUNTY OF** _____ **SS:**

     Before me a Notary Public in and for said County and State, personally appeared_____

_____ and _____

partner(s) of _____, who acknowledged execution of

the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein

contained are true.

     Witness my hand and Notarial Seal this _____ day of _____, 20 ____.

My commission expires:_____   Signature _____

Resident of _____County   Printed _____Notary Public

This instrument prepared by: _____ Attorney at Law

Mail to: _____

     Grantee's Mailing Address to which the tax statement should be mailed under I.C. 6-1.1-22-8.1

_____

     Grantee's Street Address or Rural Route Address if different than Mailing Address

I affirm, under the penalties for perjury, that I have taken reasonable
care to redact each Social Security number in this document, unless
required by law.

_____