NO. 229 September, 1975

QUIT CLAIM DEED

Joint Tenancy 675245

(Individual to Individual)

35th . .

	(The Above Space For Recorder's Use Only)
THE GRANTOR Ada Jester	
	Lake State Indiana
of the <u>City of Gary</u> County of Ten and n	or the state of
of the consideration of	DOLLARS,
CONVEY S and QUIT CLAIM S to Ad	ia Jester & Lisper Lewis
1640 Rhode Island St. Gary India	(NAMES AND ADDRESS OF GRANTEES)
not in Tananay in Common but in IOINT TENAN	NCV all interest in the following described Daul Course
ituated in the County of Lake	NCY, all interest in the following described Real Estate in the State of Ind., to wit:
Frey 42-1	180-11
	t of Lot Ten (10) and all of Lot
Eleven (11), in E	Block Six (6) Davis and Holmes'
First Subdivision	n, in the City of Gary, as shown 🗷 🤮
in Plat Book II,	page 4, in Lake County, Indiana.
	ECC.
	my w
	e e e e e e e e e e e e e e e e e e e
	DULY ENTERED
	FOR TAXATION
	JUL 3 0 1985
	17 00 m
	Grandine O Samuel 3°
	AUGITOR LANG COUNTY
PLEASE Din Gester	(Seal) (Seal)
PRINT OR	
TYPE NAME(S) Ada Jester	(Seal) (Seal)
BELOWSIGNATURE(S)	(Seiii) (Seiii)
State of Ind County of Lake and for said County, in the State aforesaid DO HI	ss. 1, the undersigned, a Notary Public in EREBY CERTIFY that Ada Jester
	to be the same person whose name
	oing instrument, appeared before me this day in person,
	S_h_e_ signed, sealed and delivered the said instruments and voluntary act, for the uses and purposes therein set
	ise and waiver of the right of homestead.
•	
Given under my hand and official scal, this 30	day of BPRI
Commission expires MARCH 31 198	4 A.D. Wan
	NOTARY PUBLIC
This instrument was prepared by Sandi G.	Johnson-Speh
This instrument was prepared by	(NAME AND ADDRESS)
	(mind Min Applicably)
	ADDRESS OF PROPERTY:
(Ada Jester (Name)	
· · · · · · · · · · · · · · · · · · ·	
MAIL TO: $\left\{ \begin{array}{c} 1640 \text{ Rhode Island St.} \\ \text{(Address)} \end{array} \right.$	THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES ONLY AND IS NOT A PART OF THIS DEED.
Gary, Indiana 46407	SEND SUBSEQUENT TAX BILLS TO:
(City, State and Zip)	(Name) 792
RECORDER'S OFFICE BOX NO	179

RECORDER'S OFFICE BOX NO.

OR

(Address)