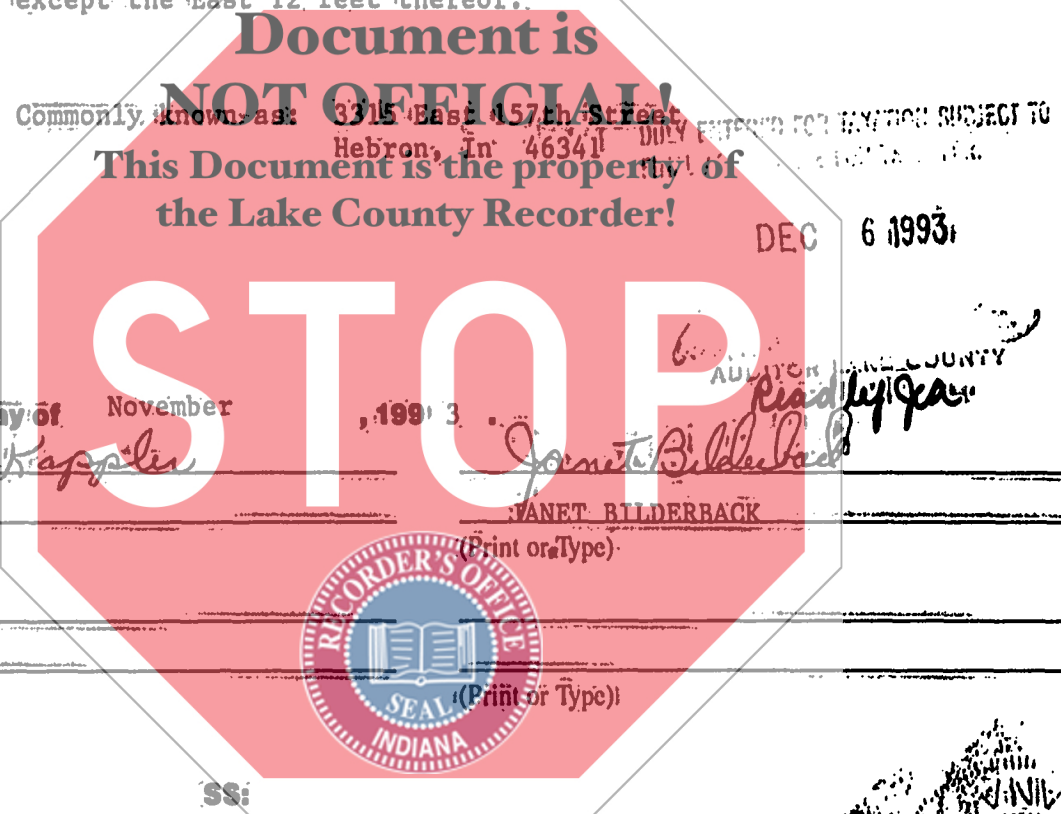


MAIL TAX BILLS TO:
93083470

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that Bobbie J. Kappler and Janet Bilderback with right of survivorship ("Grantor") of Lake County in the State of Indiana QUITCLAIM(S) to Candace Castle, Leslee Brunton and Stephanie Bilderback, joint tenants with right of survivorship of Lake County in the State of Indiana in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

Part of the West 1/2 of the Northwest 1/4, of Section 12, Township 33 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning at a point 45 ± 1/3 rods West of the Northeast corner of said West 1/2 of the Northwest 1/4; thence South 12 rods; thence West 8 rods; thence continuing West 12 feet; thence North to a point on the North line of said Section 12; thence East, along said North line, to the point of beginning, except the East 12 feet thereof.



Dated this 18th day of November, 1993.
Bobbie J. Kappler Janet Bilderback
BOBBIE J. KAPPLER JANET BILDERBACK
(Print or Type) (Print or Type)

STATE OF INDIANA
COUNTY OF LAKE

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of November, 1993, personally appeared: Bobbie J. Kappler and Janet Bilderback, with right of survivorship and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: April 2, 1995
Resident of Lake County
Signature: Christine Mendoza
Printed: Christine Mendoza, Notary Public

STATE OF
COUNTY OF

SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 199____, personally appeared: _____ and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____ Signature _____
Resident of _____ County Printed _____, Notary Public

This instrument prepared by P. Jeffrey Schlesinger, 162 Washington Street, Lowell, In 46356 Attorney at Law
Attorney Identification No: _____

MAIL TO:

00430