THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A MAIL TAX BILLS TO: 93085712 Dorothy G. Hobson **DUTICLAIM DEED** 507 Audrey Dyer, Indiana 46311 THIS INDENTURE WITNESSETH, that ROSE L. SEYDEL formerly known as ROSE L. HOBSON Indiana QUITCLAIM(S) to County in the State of DOROTHY G. HOBSON ("Grantor") of Lake Indiana of County in the State of 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; Lot 327 in Northgate Fifth Addition to the Town of Dyer, as per plat thereof recorded in Plat Book 42, page 1, in the Office of the Recorder of Lake County, Indiana 11 Key No. 14-131-37(:) Document is

Document is

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This Document is the property of
the Lake County Recorder!

AUDITOR LAKE COUNTY

ROSE L. SEYDE

(Print or Type)

STATE OF INDIANA
COUNTY OF

COUNTY OF SS: STARKE: Before me, the undersigned, a Notary Public in and for said County and State, this 23 day of November 199. 3 personally appeared: Rose L. Seyde1 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: \_\_\_5\_10\_94\_ Signature \_ Resident of \_STARKE \_\_ County Printed \_ STATE OF INDIANA COUNTY OF SS: STARKE 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. Signature \_\_\_\_\_ My commission expires: Resident of \_ \_\_\_\_\_, Notary Public \_\_\_\_\_County Printed \_ This instrument prepared by Luke A. Casson, Attorney, Dyer, Indiana 46311 Attorney at Law 17024 45 Attorney Identification No. \_

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MAIL TO: