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MAIL TAX BILLS TO:
12943 Knight Street
Cedar Lake, IN 46303

93086424

QUITCLAIM DEED

THIS INDENTURE WITNESSETH; that TYRONN R. CUNNINGHAM
("Grantor") of Lake County in the State of Indiana QUITCLAIM(S) to
FRANCES CAROL CUNNINGHAM

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:

PARCEL I:

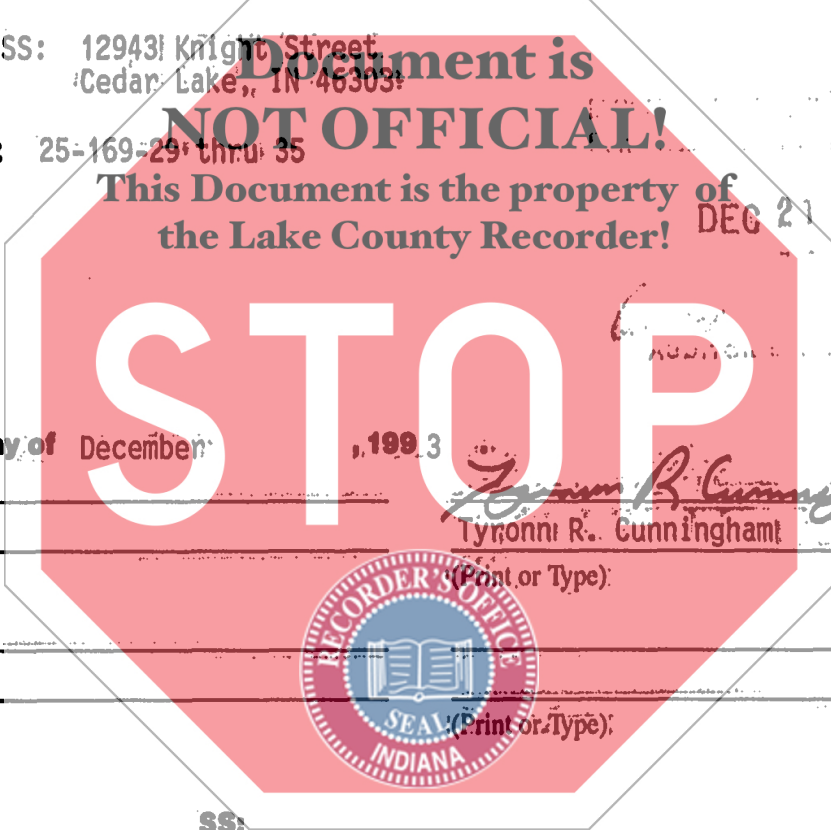
Lots 63, 64, 65 and 66 in Block 2 in Plat "AA" The Shades, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 12 page 33, in the Office of the Recorder of Lake County, Indiana.

PARCEL II:

Lots 67, 68 and 69 in Block 2 in Plat "AA" The Shades, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 12 page 33, in the Office of the Recorder of Lake County, Indiana.

COMMON ADDRESS: 12943 Knight Street
Cedar Lake, IN 46303

TAX KEY NO.: 25-169-29 thru 35



Dec 21 2 43 PM '93
SAMUEL ORLICH
RECORDER

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

Dated this 20th day of December, 1993

Tyronn R. Cunningham
Tyronn R. Cunningham

(Print or Type)

(Print or Type)

(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 20th day of December, 1993, personally appeared: TYRONN R. CUNNINGHAM

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: 09/08/97
Resident of Lake County

Signature: *Thomas K. Hoffman*
Printed: Thomas K. Hoffman, 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 THOMAS K. HOFFMAN, Crown Point, IN Attorney at Law

Attorney Identification No. 7731-45

MAIL TO: One Professional Center, Suite 308
Crown Point, IN 46307

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