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MAIL TAX BILLS TO: 94024973
3320 E. 35th Avenue
Lake Station, IN 46405

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that PAULINE ERWIN
(Grantor) of LAKE County in the State of INDIANA QUITCLAIM(S) to KENNETH

W. Erwin 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:

Resubdivision of Garden Homes
W 2. of Lot 16, Block 2 as recorded
per plat thereof in the office of
the recorder of Lake County, IN

Key: 50-0231-0016

SAMUEL B. GILCH
RECORDER
Apr 4 2 59 PM '94

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Commonly known as: 3320 E. 35th AVE.,
Lake Station, IN 46405

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

APR. 4 1994

This Document is the property of
the Lake County Recorder!

Anna M. Antonio
AUDITOR LAKE COUNTY

Dated this 10 day of December, 1993

Pauline Erwin
Pauline Erwin

(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 10 day of December 1993, personally appeared: Pauline Erwin

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: 7-5-95

Signature *Patricia A. Rees*

Resident of Lake County

Printed Patricia A. Rees, 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 PATRICIA A. REES PO BOX 488 HOBART, IN Attorney at Law

Attorney Identification No. 6449-45

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MAIL TO:

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