

STATE OF INDIANA
LAKE COUNTY
FIELD FOR RECORD

94031969

QUIT-CLAIM DEED

94 APR 28 AM 9 53
SAMUEL ORLIGH
RECORDER

This Indenture Witnesseth, That IGNACIO ALFARO

of _____ County, in the State of California

Release and Quit-Claim to REGINA ALFARO

of Lake _____ County, in the State of Indiana, for and in consideration

of Ten and No/100-----Dollars,

and other valuable consideration, the receipt whereof is hereby acknowledged,

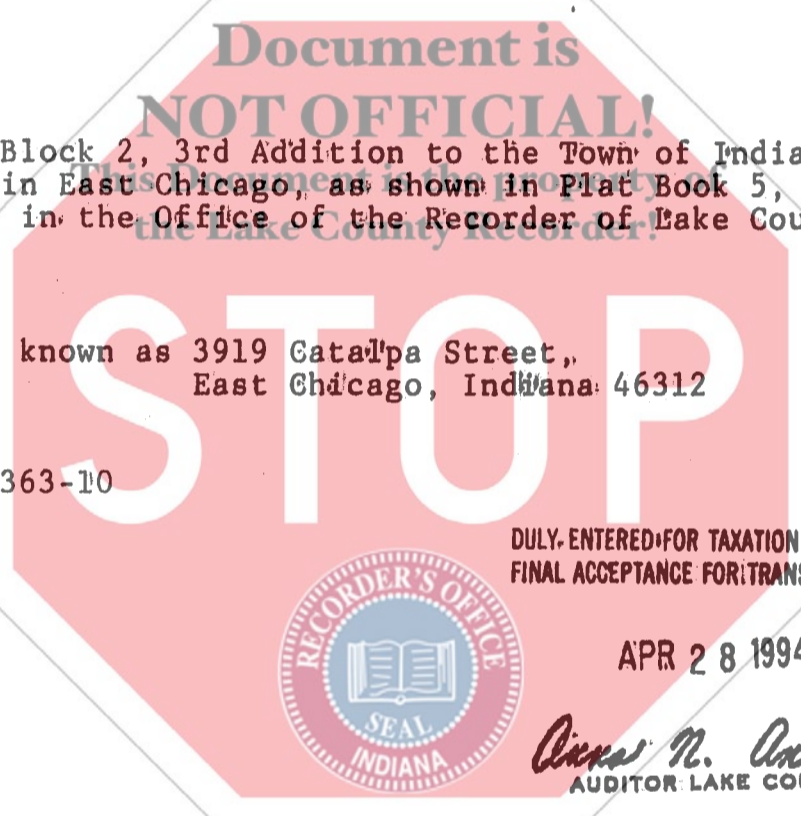
the following described Real Estate in _____ Lake _____ County,

in the State of Indiana, to-wit:

Lot 10, Block 2, 3rd Addition to the Town of Indiana Harbor, in East Chicago, as shown in Plat Book 5, page 24, in the Office of the Recorder of Lake County, Indiana

commonly known as 3919 Catalpa Street, East Chicago, Indiana 46312

Key #30-363-10



In Witness Whereof, The said Ignacio Alfaro

has hereunto set his hand and seal, this 14th day of March 1984

Ignacio Alfaro (Seal) _____ (Seal)
IGNACIO ALFARO

CALIFORNIA
STATE OF INDIANA, COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this _____ day of _____ 19____, came Ignacio Alfaro

, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires.....Notary Public

This instrument prepared by: MARIA LUZ CORONA, Attorney At Law

01720

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

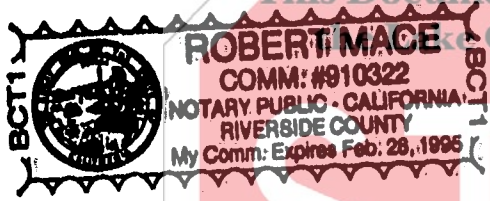
State of CALIFORNIA

County of RIVERSIDE

On MARCH 14 1994 before me, ROBERT MACE NOTARY PUBLIC
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared IGNACIO ALFARO
NAME(S) OF SIGNER(S)

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

[Handwritten Signature]

SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

DESCRIPTION OF ATTACHED DOCUMENT

- INDIVIDUAL
- CORPORATE OFFICER

DEBIT CLAIM
TITLE OR TYPE OF DOCUMENT

TITLE(S)

- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

1
NUMBER OF PAGES

3/14/94
DATE OF DOCUMENT

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

SIGNER(S) OTHER THAN NAMED ABOVE