

MAIL TAX BILLS TO:

Eugene Leman  
2519 E. Lakeshore Drive (LOFS)  
Crown Point, IN 46307

# QUITCLAIM DEED

MARGARETTE M. CLEVELAND  
LAKE COUNTY RECORDER  
95005616

THIS INDENTURE WITNESSETH, that EUGENE LEMAN

GRANTOR(S) of Lake County in the State of Indiana

QUITCLAIM(S) to DR. EUGENE LEMAN, as Trustee of the DR. EUGENE LEMAN TRUST AGREEMENT U Agreement Dated October 18, 1993, Made By Dr. Eugene Leman

GRANTEE(S) 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:

Apartment A25, in Building 12, Phase III, in Four Seasons Lakeside Condominiums Horizontal Property Regime, as recorded July 8, 1976, as Instrument 358499, and by Supplemental Declarations as recorded April 7, 1977, as Instrument 400888, and October 26, 1977, as Instrument 435747, and April 7, 1978, as Instrument 461816, and September 22, 1978, as Instrument 491993, in the Office of the Recorder of Lake County, Indiana. Key Number 10-45-157. Commonly known as 2519 E. Lakeshore Drive (LOFS), Crown Point, Indiana 46307.

Together with a 1.1675 undivided percentage interest appertaining to such apartment in the Common Areas and Facilities of Phase I, Phase II, Phase III, Phase IV, and Phase V of Four Seasons Lakeside Condominiums Horizontal Property Regime until such time as Supplemental Declarations annexing additional Phases are recorded pursuant to Paragraph 22 of the Second Amended Declaration (hereinafter referred to as the "Declaration") of Four Seasons Lakeside Condominiums Horizontal Property Regime at which time the undivided interest in the Common Areas and Facilities shall be reduced as set out in the Declaration.

Note for Auditor: The premises above described are located in a part of Tract 105, Lakes of the Four Seasons, Unit No. 1.

Dated this 14 day of Dec, 1994.

*Eugene Leman*  
(Signature) EUGENE LEMAN (Signature)  
(Printed Name)  
(Signature)  
(Printed Name)  
(Signature)  
(Printed Name)



STATE OF INDIANA  
COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this 14 day of December, 1994, personally appeared: EUGENE LEMAN

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: 5-13-95 Signature *Rosalyn Glenn*  
Resident of Lake County Printed ROSALYN GLENN Notary Public

STATE OF Indiana  
COUNTY OF Lake 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 Mary Linda Casey, LUCAS, HOLCOMB & MEDREA, Easton Court, Attorney at Law  
Attorney Identification No. 3830-45 300 E. 90th Drive, Merrillville, IN 46410

MAIL TO:

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDS  
95-FEB-1 1995

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