

QUIT CLAIM DEED

THIS QUITCLAIM DEED, Executed this 20th. day of February, 1995

The first party, Harry L. Krasowski and Irene Krasowski, husband and wife  
whose post office address is 6920 Schneider Ave., Hammond, Indiana 46323  
to second party, The Krasowski Family Trust UTA 2/20/1995  
whose post office address is 6920 Schneider Ave., Hammond, Indiana 46323

WITNESSETH, That the said first party, for good consideration and for the sum of ten dollars and certificates of beneficial interest hereby acknowledge, does remise, release and quitclaim unto the said second party forever, all the right title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana to wit:

The Seller's interested in

The East 80 ft. of the West 160 ft. of the North 125 ft. of the following described; that part of the SW1/4 of the NW1/4 of Sec. 15 Twp. 33 N. R. 9 W. of the 2nd P.M. described as follows: Beginning at a point of the East Line of said SW1/4 of the NW1/4 of Sec 15, which is 766.41 ft. South of the NE corner thereof, thence West at right angle to the last described line 265 ft., thence South at right angle 182.61 ft., thence East at right angle 265 ft. to the East line of the SW1/4 of the NW1/4 of said Sec. 15; thence North on said East line 182.61 to the place of beginning, all in Lake county Indiana.

Subject to unpaid taxes, street, assesments and ordinances of record,

PIN # 20-13-120-55

which has the address of 139-141 North Rd., Schererville, IN ZIP code 46375 ("Property Address");

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year above written.

Signed, sealed and delivered in the presence of

*Harry L. Krasowski*  
Harry L. Krasowski



*Irene Krasowski*  
Irene Krasowski

State of Indiana  
County of Lake

On the 20th day of February, 1995 appeared Harry L. Krasowski and Irene Krasowski personally known to me (or proved to me on the basis of satisfactory evidence) to 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 which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature *David C. Lutz* (SEAL)  
Notary Public

Lutz  
927 Maxwell Court  
Crown Point, IN  
46307-5009

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

