THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TO:
6918 Osborne Avenue
Hammond, Indiana 46323

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that TONY SAMARDZICH ("Grantor") of LAKE County in the State of INDIANA and MARIA A. SAMARDZICH, Husband and Wife QUITCLAIM(S) to TOMISLAV SAMARDZICH 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:

The North 1/2 of Lot 2 in L.N. Cook's 2nd Addition to Hammond, as per plat thereof, recorded in Plat Book 22 page 65, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 6918 Osborne Avenue, Hammond, Indiana 46323

Key No. 26-32-175-2

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

FEB 28 1995

SAM ORLICH
AUDITOR LAKE COUNTY

95010879

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 FEB 28 PH 3: 05

RECORDER

Dated this 24th day of February , 1995 .

_____
TONY SAMARDZICH
(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 24th day of February , 1995 , personally appeared: TONY SAMARDZICH 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: JUNE 7, 1996   Signature _____
Resident of LAKE County   Printed THOMAS G. SCHILLER , 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 Robert B. Leopold; 8242 Calumet Ave.; Munster, IN 46321 Attorney at Law
Attorney Identification No. 8767-45

MAIL TO:

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