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: 940 Surcaster Jane Dyn dr 46311

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

Marsha L. Dobras, formerly known as Marsha L. Fogle

GRANTOR(S) of

Lake

County in the State of

Indiana

QUITCLAIM(S) to

Ljubomir Dobras and Marsha L. Dobras,

husband and wife

GRANTEES(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:

Lot 93 in Parkview Terrace 2nd Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 45 page 125, in the Office of the Recorder of Lake County, Indiana. Key No. 14-162-39. Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder SUBJECT TO Dated this 27th day of September (Signature) Marsha L. Dobras, formerly known as Marsha L. Fogle (Printed Name) (Printed Name) (Signature) (Printed Name) (Printed Name) STATE OF INDIANA COUNTY OF Lake Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of September personally appeared. Marsha L. Dobras, formerly known as Marsha L. Fogle 13.44 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: January 26, 1999 __ Signature _ Lake: Linda J. McBride STATE OF COLLARS County Printed ___ ., Notary Public COUNTY OF, Before me, the undersigned, a Notary Public in and for said County and State, this_____day of____ personally appeared: and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. _ Signature _ My commission expires: ___ ____ County Printed _ Resident of _ This instrument prepared by Mark Lucas, Lucas, Holcomb & Medrea, 300 E. 90th Drive, Easton Court, Merrillville, IN 46410 Attorney Identification No.

MAIL TO:

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