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: 213 Cherokee Drive Lowell, IN 46356 Key No. 4-163-19

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

***** DAVID A, BUCHE ****

GRANTOR(S) of

Lake

County in the State of Indiana

QUITCLAIM(S) to

**** MARILYN J. BUCHE ****

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:

Document is Lot 102 in Indian Heights Unit No. 57 in the Town of Lowell, as per plat thereof, recorded in Plat Book 37, page 71, in the Office of the Recorder of Lake County, Indiana's Document is the property of the Lake County Recorder! Dated this 23rd day of October (Signature) (Signature) DAVID A. (Printed Name) (Printed Name) (Signature) (Printed Name) STATE OF INDIANA Before me, the undersigned, a Notary Public in and for said County and State, this 23rd day of October personally appeared: DAVID A. BUCHE 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: VINCENT ZUNICA _____ County Printed ___ ___, Notary Public Resident of ____ STATE OF COUNTY OF_ Before me, the undersigned, a Notary Public in and for said County and State, this_____ 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 __ 001665 ____ County Printed _ **Notary Public** Resident of _ This instrument prepared by RICHARD A. ZUNICA, 162 Washington Street, Lowell, IN 46356 Attorney at Law Attorney Identification No. 1504-45 CKS# 1824 603516

MAIL TO:

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