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 BKLS TO: Robert H. Bieker, Trustee 8416 Crestwood Avenue Munster, IN 46321

## QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

ROBERT H. BIEKER AND PAULINE L. BIEKER

| GRANTOR(S) of | LAKE |
|---------------|------|
|               |      |
|               |      |

County in the State of

INDIANA

QUITCLAIM(S) to ROBERT H. BIEKER, TRUSTEE OF THE ROBERT H. BIEKER TRUST NO. 1 DATED 8/28/95

GRANTEE(S) of LAKE

County in the State of

**INDIANA** 

\_\_\_\_, Notary Public

46392000388

PRINTED BY THE ALLEN COUNTY INDIANA BAR ASSOCIATION, INC

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 County, in the State of Indiana: The North Half of Lot 29 and all of Lot 30, Block 15 Wicker Park, in the Town of Munster, as shown in Rlat Book 20, page 40, in Lake Key No. 28-112-29 Commonly known as a the Lake County Recordenal ACCEPTANCE FOR TRANSFER NOV 1995 Exempt from disclosure Dated this day of (Signature) Robert H. (Signature) (Printed Name) (Printed Name) (Signature) (Signature) (Printed Name) A (Printed Name) STATE OF INDIANA COUNTY OF. SS: Before me, the undersigned, a Notary Public in and for said County and State, this 31 day of 0c To 8 personally appeared: Robert H. Bieker and Pauline L. Bieker of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official 3.10.96 My commission expires: \_ Resident of \_ Printed \_ County INDIGHA STATE OF \_ 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.

William J. O'Connor

My commission expires: \_\_\_\_\_\_ Signature \_\_\_\_

Resident of \_\_\_\_

MAIL TO:

This instrument prepared by \_\_\_

Attorney Identification No. \_\_

County Printed \_\_\_\_