MAIL TAX BILLS TO:

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that   ELIZABETH A. PLATIS

GRANTOR(S) of   Lake   County in the State of   Indiana

QUITCLAIM(S) to   GEORGE M. PLATIS, JR.

GRANTEE(S) of   Lake   County in the State of   Indiana

95068992

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 NOV 10 PH 2:05
MARGRET R. HILAND
RECORDER

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:
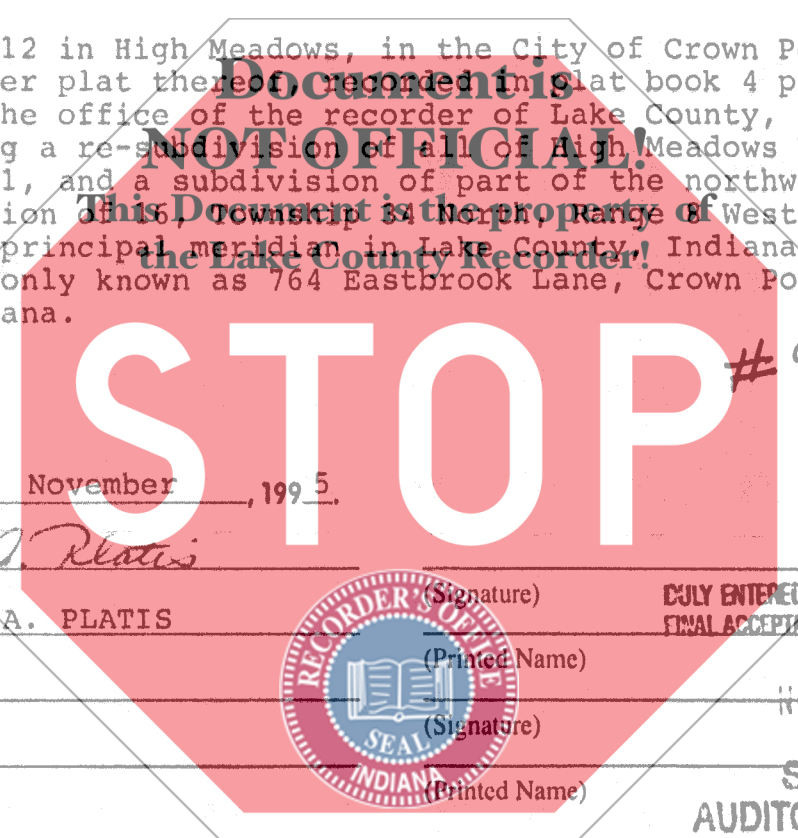
Lot 12 in High Meadows, in the City of Crown Point, as per plat thereof, recorded in plat book 4 page 90, in the office of the recorder of Lake County, Indiana, being a re-subdivision of all of High Meadows Unit No. 1, and a subdivision of part of the northwest 1/4 section 5, Township 34 North, Range 8 West on the 2nd principal meridian in Lake County, Indiana and commonly known as 764 Eastbrook Lane, Crown Point, Indiana.

9-410-12

Dated this 7th day of November, 1995.
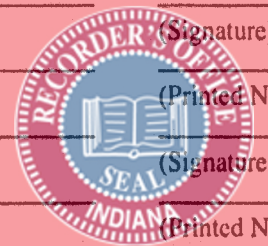
Elizabeth A Platis
(Signature)
ELIZABETH A. PLATIS
(Printed Name)

(Signature)
(Printed Name)

(Signature)
(Printed Name)

(Signature)
(Printed Name)

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

NOV 10 1995

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
COUNTY OF _LAKE_ **SS:**

Before me, the undersigned, a Notary Public in and for said County and State, this 24 day of Oct, 1995, personally appeared:

ELIZABETH A. PLATIS

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: Oct 16, 1999   Signature _Sheldon H Cohen_

Resident of _LAKE_ County   Printed _SHELDON H Cohen_, 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.

000738

My commission expires: _____   Signature _____

Resident of _____ County   Printed _____, Notary Public

This instrument prepared by _James N. Thiros 200 E. 90th Drive_ Attorney at Law
Attorney Identification No. _14408-45_   Merrillville, IN 46410

CS. 10.00

MAIL TO: