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MAIL TAX BILLS TO:

# QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

\*\*\* REGINA SOVA \*\*\*

GRANTOR(S) of LAKE County in the State of INDIANA

QUITCLAIM(S) to

\*\*\* REGINA SOVA AND GEORGE SOVA AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP AND NOT AS TENANTS IN COMMON \*\*\*

GRANTEE(S) of LAKE County in the State of INDIANA

NORTHWEST INDIANA...  
162 WASHINGTON STREET  
LOWELL, INDIANA 46356  
769-0727 or 836-0108

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 South 93 feet of the North 396 feet of the East half of the Northeast Quarter of the Northeast Quarter of the Southeast Quarter of Section 8, Township 34 North, Range 8 West of the 2nd P.M., in the City of Crown Point, Lake County, Indiana.

96009241

Dated this \_\_\_\_\_ day of February, 1996.

(Signature) \_\_\_\_\_  
(Printed Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Printed Name) \_\_\_\_\_

*X Regina sova*  
(Signature) REGINA SOVA  
(Printed Name) JULY ENTERED FOR TAXES  
(Signature) \_\_\_\_\_  
(Printed Name) FEB 12 1996  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 FEB 12 PM 3:07  
RECORDED

STATE OF INDIANA  
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 3rd day of February, 1996, personally appeared: \*\*\* Regina Sova \*\*\*

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: July 29, 1998 Signature *Lisa M Carstensen*  
Resident of Lake County Printed Lisa M Carstensen, 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 RICHARD A. ZUNICA 162 WASHINGTON STREET, LOWELL, IN 46356 Attorney at Law  
Attorney Identification No. 1504-45

000592

MAIL TO: