MAIL TAX BILLS TO:

Jean Kalwinski 3927 Grover Hammond, IN 46327

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that Jean Kalwinsk	rhis	INDENT	URE W	ITNESSETH,	that Jean	Kalwinsk:
---	------	--------	-------	------------	-----------	-----------

GRANTOR(S) of

Lake

County in the State of

Indiana

QUITCLAIM(S) to

Jean Kalwinski, Ursula Litavecz, and Mark Kalwinski, as joint tenants

with right of survivorship and not as tenants in common

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 County, in the State of Indiana:

Lot 21, except the North 16 feet thereof, and the North 24 feet of Lot 22, Block 3, Parkside Addition to the City of Hammond, as shown in Plat Book 16, page 25, in Lake County, Indiana

Key No. 35-217-22

commonly known as 3927 Grover Avenue, Hammond, IN 46327

Exempt from disclosure - #7.

Dated this 10 d	ay of <u>January</u> , 199 <u>0</u> .		in the second of
	DULY ENTERED FOR TAXATION SUBJECT TO	Jean Kalunn	ski
(Signature)	FINAL ACCEPTANCE FOR TRANSFER.	(Signature) Jean Kalwinski	% 7
(Printed Name)	FEB 1 5 1996	(Printed Name)	
(Signature)	SAM ORLICH	(Signature)	
(Printed Name)	AUDITOR LAKE COUNTY	(Printed Name)	
STATE OF INDIANA			25:12 090 040

COUNTY OF. _SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 10 TH day of January personally appeared: Jean Kalwinski

and acknowledged the execution

of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

5/18/99

Resident of _ _ County Printed _ , Notary Public

Signature _

STATE OF COUNTY OF.

My commission expires: _

Before me, the undersigned, a Notary Public in and for said County and State, this_____day of___

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 _____

County Printed ______, Notary Public Resident of ___

_ Attorney at Law This instrument prepared by _____

Attorney Identification No. Ursula Litavecz, 2703 Hart Rd., Highland, IN 46322

MAIL TO: