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MAIL TAX BILLS TO: 2625 Jackson, Gary, Indiana 46407

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that Darien Hayes, f/k/a Darien Johnson

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

QUITCLAIM(S) to Russell T. Hayes and Darien G. Hayes, husband and wife

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:

PARCEL II: Lots 41 and 42 in Block 64, in Chicago-Tolleston Land and Investment Company's Second Oak Park Addition to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 2 page 36, in the Office of the Recorder of Lake County, Indiana, except that part of said lots taken for alley purposes

Commonly known as: 2625 Jackson Street, Gary, IN 46407

Subject to past and current year real estate taxes.

Subject to easements, restrictions and covenants of record, if any.

96013166

96 FEB 29 AM 8:41

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER

Dated this 26th day of February, 1996.

Darien G. Hayes
(Signature) Darien Hayes, f/k/a Darien Johnson
(Printed Name)

(Signature)
(Printed Name)

(Signature)
(Printed Name)

(Signature)
(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of February, 1996, personally appeared: Darien Hayes, f/k/a Darien Johnson

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: 10/24/96 Signature *Gloria Miller*
Resident of Lake County Printed Gloria Miller, 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 ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661 Attorney at Law
Attorney Identification No. 8767-45

MAIL TO:

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