

TICOR H.O. 199435

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 BILLS TO:

234 N. LAFAYETTE ST.
GRIFFITH, IN 46319

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

LYNNE A. WILEY

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

QUITCLAIM(S) to

ROBERT R. WILEY AND LYNNE A. WILEY, HUSBAND AND WIFE

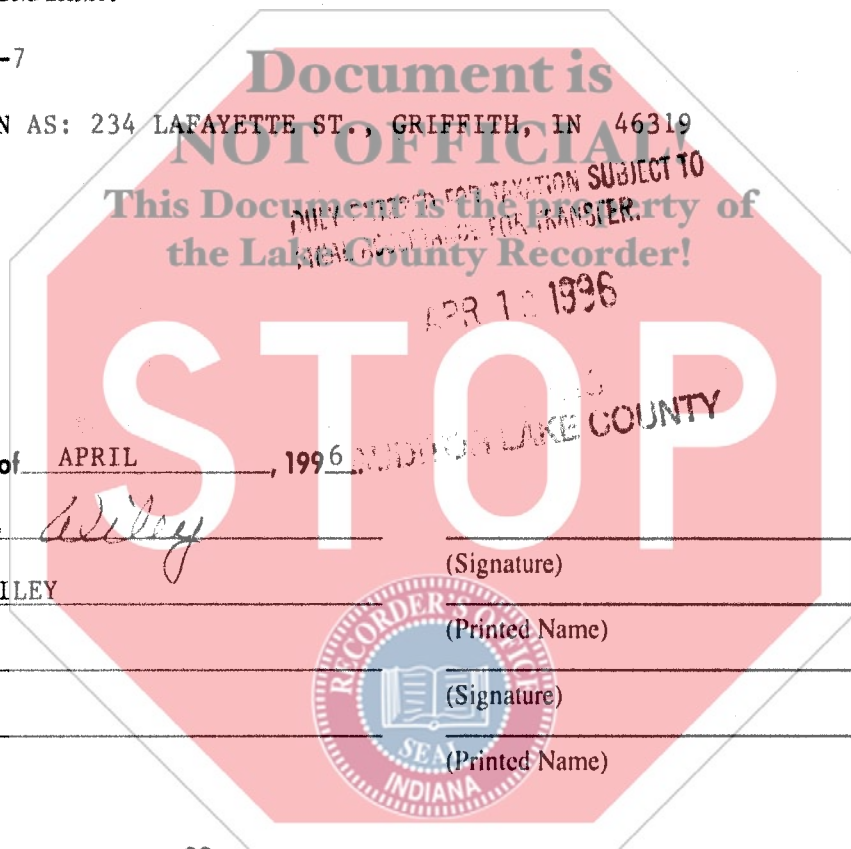
GRANTEE(S) of LAKE County in the State of INDIANA

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:

LOTS 7 AND 8 IN BLOCK 3 IN MANUFACTURER'S ADDITION TO GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 59, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

KEY NO. 26-96-7

COMMONLY KNOWN AS: 234 LAFAYETTE ST., GRIFFITH, IN 46319



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR 15 AM 9:54
MARGARET E. GUNLAND
RECORDER

96023817

Dated this 4TH day of APRIL, 1996
Lynne A. Wiley (Signature) _____
LYNNE A. WILEY (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 4TH day of APRIL, 1996, personally appeared: LYNNE A. WILEY

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: 06-07-96 Signature Thomas G. Schiller

Resident of LAKE County Printed THOMAS G. SCHILLER, 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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