insurance Company

Please record and return with bill to Citizens Financial Services 707 Ridge Rd Munster IN 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:

1521 Swift Street Hobart, IN 46742

OUTTCLAIM DEED

Key No. 17-231-23

R-65676

THIS INDENTURE WITNESSETH, that

William K. Bauer

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

Gae Ja Bauer QUITCLAIM(S) to County in the State of GRANTEE(S) of Lake 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: all of his right, title and interest in: Lot 63. Glen Wood Addition to Hobart, Unit #2, as shown in Plat Book Page 67, in Lake County, Indiana. ocument is (commonly known as 1521 Swift Street, Hobart, Indiana) the Lake County Recorder! CTIC Has made an accomodation recording the instrument. We Have made no examplatio of the instrument or the land affected. , 199 6 Dated this day of (Signature) William K. Bauer BAUGR (Printed Name) William (Signature) (Printed Name) (Printed Name)

STATE OF INDIANA COUNTY OF_

Resident of Lake

Before me, the undersigned, a Notary Public in and for said County and State, this ___ _ day of_ personally appeared:

Signature _

William K. Bauer

SS:

and acknowledged the execution

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

Printed _

County

My commission expires: April 13, 1998

STATE OF COUNTY OF

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 _____

This instrument prepared by Brian L. Goins Attorney Identification No. 8616-45

MAIL TO:

Resident of __