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203835

J. Hohenberger  
P.O. Box 952  
Hammond, IN 46326

MAIL TAX BILLS TO:  
48 MASON ST.  
HAMMOND, IN 46320

# QUITCLAIM DEED

TICOR TITLE INSURANCE  
Crown Court, Indiana

**THIS INDENTURE WITNESSETH, that** Zorica Kline  
GRANTOR(S) of Lake County in the State of Indiana  
QUITCLAIM(S) to James Hohenberger  
GRANTEE(S) of Lake County in the State of Indiana

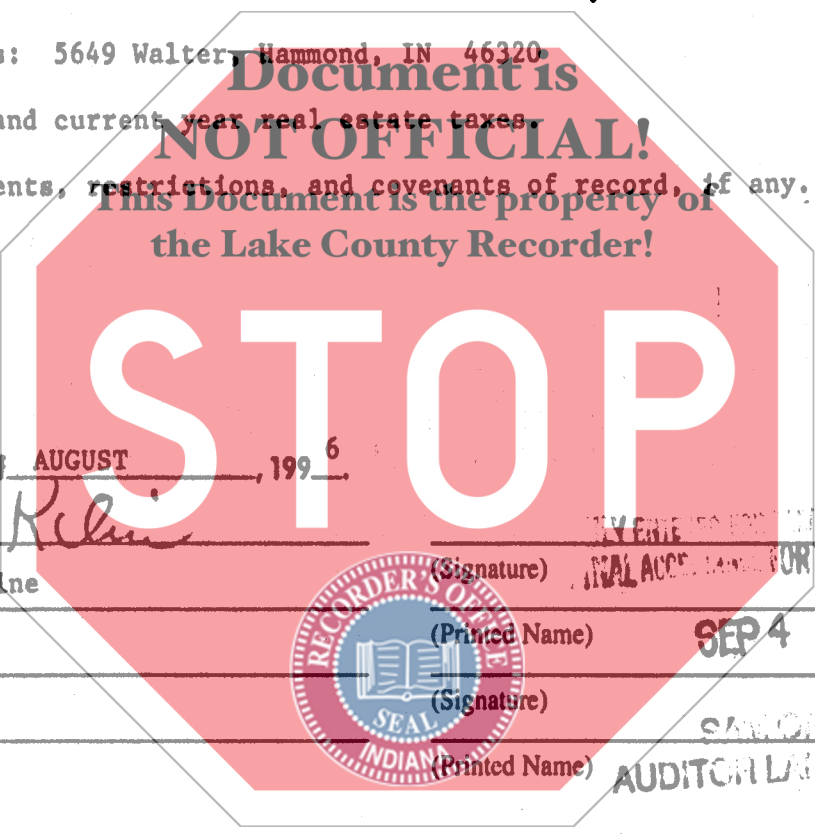
in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

The North 1/2 of Lot 34 and all of Lot 35 in Block 3 in H. W. Sohl's Fifth Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 2 page 10, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 5649 Walter, Hammond, IN 46320

Subject to past and current year real estate taxes.

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



MARGARETTE CLEVELAND  
RECORDER

96059379

96 SEP -5 AM 9:50

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Dated this 30TH day of AUGUST, 1996

Zorica Kline  
(Signature) Zorica Kline  
(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 30TH day of AUGUST, 1996, personally appeared: Zorica Kline

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:

000102

1/10/96