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MAIL TAX BILLS TO:
7401 W. 129th Avenue
Cedar Lake, IN 46303

QUITCLAIM DEED

FORREST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356
769-6727 or 696-0100

THIS INDENTURE WITNESSETH, that

*** GLADYS M. FREESE ***

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

QUITCLAIM(S) to

*** FORREST SHEPHERD AND KYONG C. SHEPHERD, HUSBAND AND WIFE ***

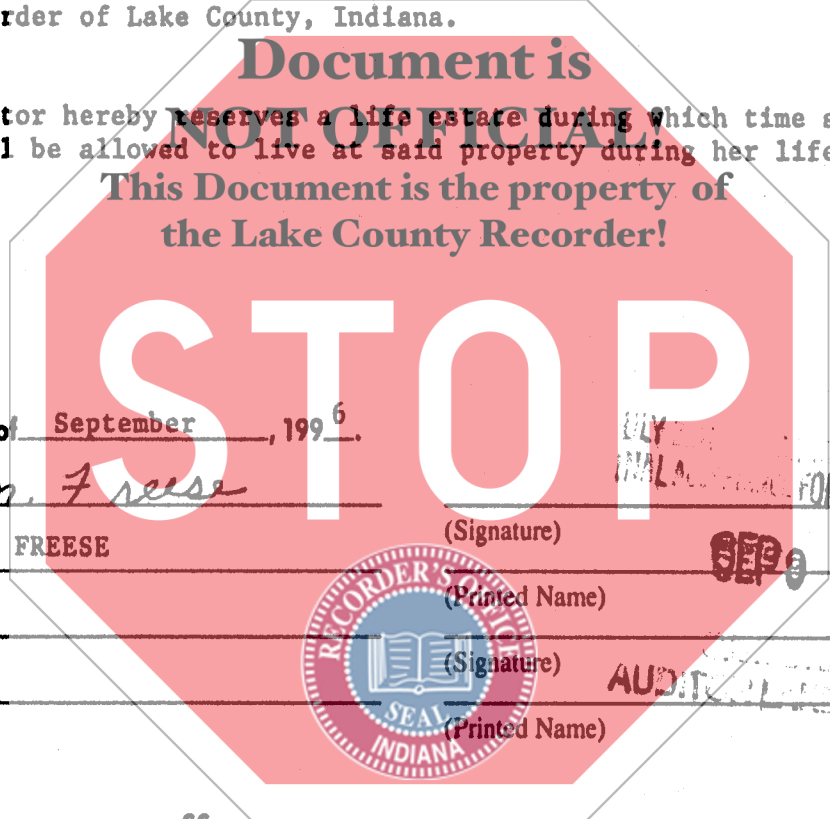
GRANTEE(S) of LAKE County in the State of INDIANA

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 1 to 12, both inclusive, Block 1, The Shades, Plat "AA" as shown in Plat Book 12 page 33 in the Office of the Recorder of Lake County, Indiana.

Grantor hereby reserves a life estate during which time she shall be allowed to live at said property during her life.

This Document is the property of the Lake County Recorder!



96060251

Dated this 3rd day of September, 1996

Gladys M. Freese
(Signature) GLADYS M. FREESE

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP 19 AM 10:48
MARGARET E. CAVILL AND
RECORDER
AUDIT

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 3rd day of September, 1996, personally appeared: *** GLADYS M. FREESE ***

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: 4-20-97 Signature *Angie Konchar*

Resident of Lake County Printed Angie Konchar, 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 RICHARD A. ZUNICA 162 WASHINGTON STREET, LOWELL, IN 46356 Attorney at Law
Attorney Identification No. 1504-45

MAIL TO: