

MAIL TAX BILLS TO:

Gina M. Whaley Callahan
6081 E. 117th St.
Crown Point, IN 46307

QUITCLAIM DEED

54-10-18

THIS INDENTURE WITNESSETH, that JERRY P. WHALEY

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

QUITCLAIM(S) to GINA M. CALLAHAN, f/k/a GINA M. WHALEY

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:

~~128.15 Ft. NE NE Section 18, Township 34 N, Range 7 West, except West 140 feet of North 589 feet. Commonly known as 6081 E. 117th Street, Crown Point, IN 46307.~~

West 328.15 feet of NE NE Sec. 18, Township 34 N, Range 7 West, except the West 140 feet of the North 580.8 feet. Commonly known as 6081 E. 117th Street, Crown Point, IN 46307.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

This Document is the property of the Lake County Recorder!

SEP 18 1996

SAM ORLICH
AUDITOR LAKE COUNTY

96062009

Dated this 27 day of July, 1996.

Jerry P. Whaley
(Signature) Jerry P. Whaley
(Printed Name)

(Signature)
(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP 18 AM 8:37
RECORDER

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of July, 1996, personally appeared: Jerry P. Whaley

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: Feb. 24, 1999. Signature *Shelly A. Ziff*

Resident of Lake County Printed Shelly A. Ziff 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 _____ 000949

Resident of _____ County Printed _____, Notary Public

This instrument prepared by JOHN A. DeMATO & ASSOCIATES, P.C. Attorney Identification No. 5680-46 5625 Hohman Avenue, Hammond, IN 46320

MAIL TO:

CK 5788 10.00 JP