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MAIL TAX BILLS TO:

Melvin D. Craig
5765 Marshall Pl.
Merrillville, In. 46410

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

Deborah M. Craig,

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

QUITCLAIM(S) to Melvin D. Craig

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:

96066974

96 OCT -8 PM 12:25

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDED

BON AIRE SUB. UNIT NO. 2,
ALL L. 22 BL. 6

Document is NOT OFFICIAL!

Key # 15-296-18

Subject to all liens, easements, covenants, taxes and assessments. **This Document is the property of the Lake County Recorder!**

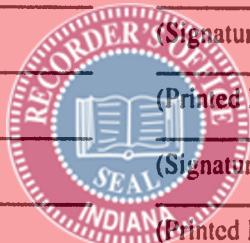
STOP

This Deed is given pursuant to Dissolution Decree, Cause No. 45-DO3-8810-DR-01685

Dated this _____ day of _____, 199_____

Deborah M. Craig
(Signature) Deborah M. Craig

(Printed Name)



(Signature)

(Printed Name)

(Signature)

(Printed Name)

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

OCT 8 1996

**SAM OFLICH
AUDITOR LAKE COUNTY**

STATE OF INDIANA
COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 18th day of September, 1996, 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: 2-13-98 Signature Teresa L Bulza

Resident of Lake County Printed Teresa L Bulza, 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 _____ Attorney at Law
Attorney Identification No. _____

MAIL TO:

000566

CS
10-
BB