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:

QUITCEAIM DEED

39-25-7

THIS INDENTURE WITNESSETH, that

MARK MALENSHEK

GRANTOR(S) of

Lake

County in the State of

Indiana

QUITCLAIM(S) to

MARK MALENSHEK and GREGORY MALENSHEK as joint tenants with the right of

survivorship 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 County, in the State of Indiana: The West 440 feet of that part of the Southeast 1/4 of the Southeast 1/4 of Section 31, Township 36 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, lying South of the South right of way line of the Elgin, Joliet and Eastern Railway Co. This Document is the property of the Lake County Recorder! (Signature) (Signature) MARK MALENSHEK (Printed Name) (Printed Name) (Signature) (Signature) (Printed Name) (Printed Name)

STATE OF INDIANA				
COUNTY OF Lake	SS:			
Before me, the undersigned, a Notar personally appeared:	y Public in and for	said County and State, t	his 3rd day of Fe	bruary , 199 <u>7</u> ,
MARK	MALENSHEK		and ac	cknowledged the execution
of the foregoing deed. In witness wh	ereof, I have hereur	nto subscribed my name		•
My commission expires: 12-1	6-97	Signature _	Lecon a. St	uts
			0 100	, Notary Public
STATE OF	SS:			•
Before me, the undersigned, a Notar personally appeared:	y Public in and for	said County and State, t	hisday of	, 199,
			and a	cknowledged the execution

Signature _

315, Crown Point, IN 46307

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

This instrument prepared by P. Jeffrey Schlesinger, One Professional Center, Suite

.. County

MAIL TO:

Resident of _

My commission expires: _

Attorney Identification No. __73-45

... Attorney at Law