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	Karen	Schoer	heck

288 Navajo Trail Lowell, IN 46356

QUITCLAIM DEED

his indenture witnesseth, that

KAREN J. HOLLISTER

GRANTOR(S) of

Lake

County in the State of

Indiana

QUITCLAIM(S) to

KAREN J. SCHOENBECK

GRANTEE(S) of

Lowel1

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 County, in the State of Indiana: Lake

Lot 112 in Indian Heights Unit No. 6 in the Town of Lowel as per plat thereof, recorded in Plat Book 40, page 107, as per plat thereof, recorded in Plat Book 40, page 107, in the office of the Recorder of Lake County,

Commonly known as: 288 Navajo Trail Ruy# 4-166-4 Lowell, IN 46356

Subject to all easements coverants and restrictions of public record. the Lake County Recorder!

Dated this 11thday of February , 199 7.

(Signature)

(Signature) OULY ENTERED FOR TAXATION SUCCESS TO

FINAL ACCEPTANCE FOR TRANSFER. (Printed Name)

(Printed Name) KAREN J. HOLLISTER

(Signature)

FEB 13 1997

(Signature)

(Printed Name)

(Printed Name)

SAM ORLICH

JOITOR LAKE GOUNTY STATE OF INDIANA COUNTY OF_

Before me, the undersigned, a Notary Public in and for said County and State, this 11th. day of February. _, 199_7, personally appeared:

Karen J. Hollister

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: 1/17/01 Signature,

Resident of Lake County Printed Judith C.

STATE OF _ COUNTY OF.

Before me, the undersigned, a Notary Public in and for said County and State, this____day of______, 199___

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 _____

_____ County Printed ___ Resident of ___

This instrument prepared by _____ David H. Nicholls Attorney Identification No. 9624-45

MAIL TO:

PRINTED BY THE ALLEN COUNTY INDIANA BAR ASSOCIATION INC. (REV. 4/94)