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NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell Indiana 46358

MAIL TAX BILLS TO:

1009 WEST 54TH AVENUE
MERRILLVILLE, INDIANA 46410

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that **PATRICK FAIR**

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

QUITCLAIM(S) to **PATRICK F. FAIR AND LORRAINE E. FAIR, HUSBAND AND WIFE**

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

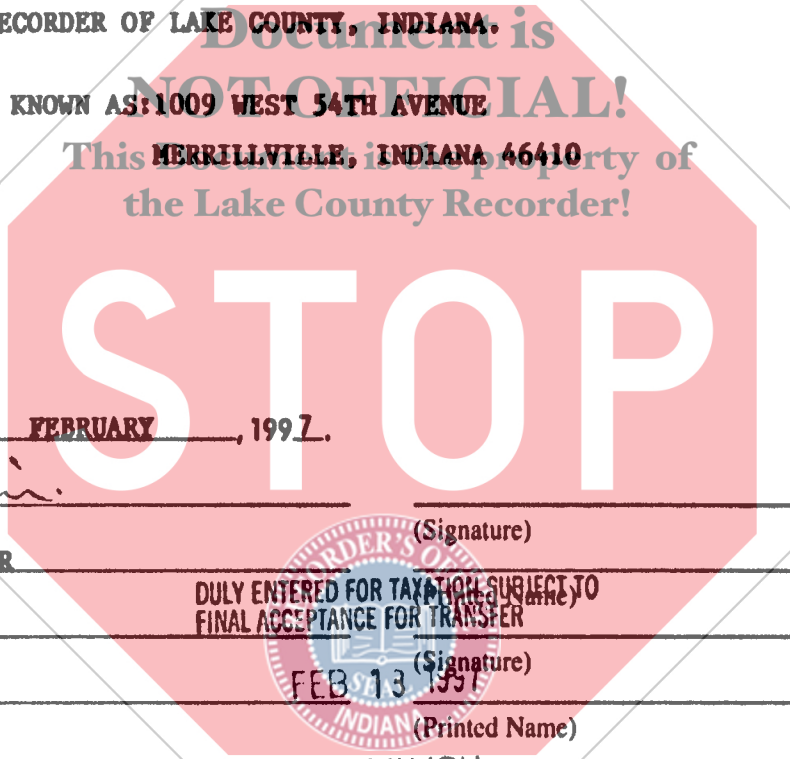
in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in **LAKE** County, in the State of Indiana:

LOT NUMBERED 8 IN BLOCK 18 IN MEADOWDALE SUBDIVISION, A SUBDIVISION IN THE TOWN (NOW CITY) OF MERRILLVILLE, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 31, PAGE 52, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: **1009 WEST 54TH AVENUE**

MERRILLVILLE, INDIANA 46410

This is the property of the Lake County Recorder!



97009846

Dated this 5TH day of FEBRUARY, 1997.

Patrick Fair
(Signature)

PATRICK FAIR
(Printed Name)

(Signature)

(Signature)

(Printed Name)

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

FEB 13 1997

(Printed Name)

SAM ORLICH

SS: AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 FEB 19 AM 10:02
MORRIS W. CARTER
RECORDER

Before me, the undersigned, a Notary Public in and for said County and State, this 5TH day of FEBRUARY, 1997, personally appeared: **PATRICK FAIR**

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: 10-17-98 Signature *Linda S. Wood*

Resident of LAKE County Printed LINDA S. WOOD, 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 *[Signature]*

Resident of _____ County Printed _____, Notary Public

This instrument prepared by RICHARD A. ZUNICA Attorney at Law
Attorney Identification No. _____

MAIL TO:

000711