(1) FA 19660

FIRST AMERICAN

QUITCLAIM DEED

Tax Key # 28-188-12 Unit #18

THIS INDENTURE WITNESSETH, That __CARLEEN M. ZYGLOWICZ N/K/A CARLEEN__
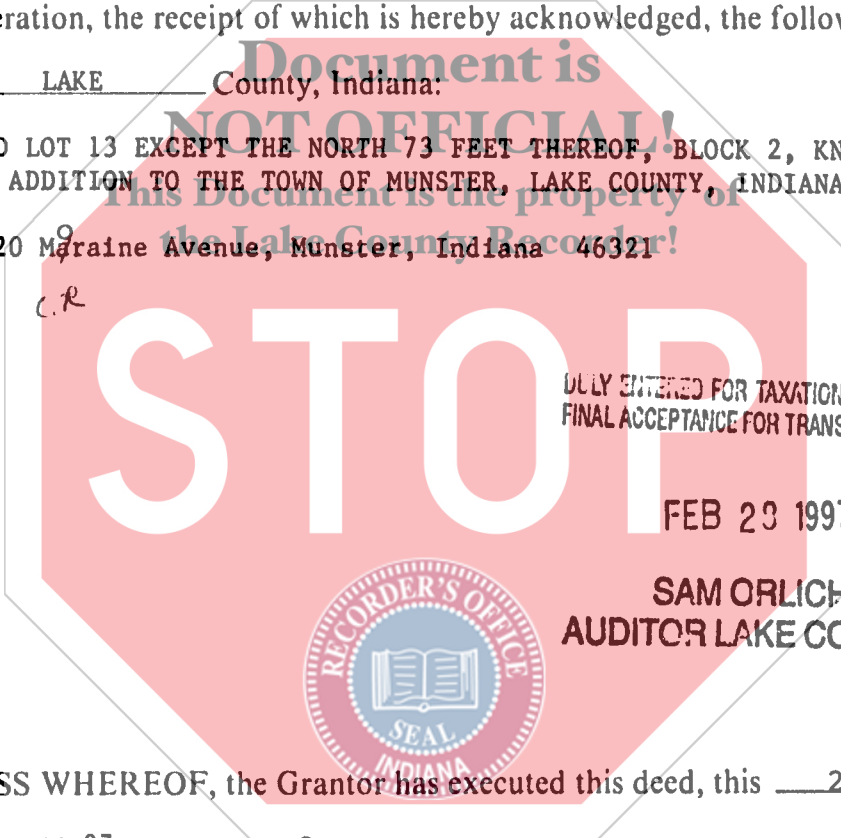
__RIVERA__ ("Grantor") of ____LAKE____ County in the State of ____INDIANA____,

QUITCLAIM (S) to__CARLEEN RIVERA__

_____ of ___LAKE___ County in the State of ____INDIANA____, for the sum of

TEN------------------------------- Dollars ($10.00   ) and other

valuable consideration, the receipt of which is hereby acknowledged, the following described

real estate in ____LAKE____ County, Indiana:

LOT 12 AND LOT 13 EXCEPT THE NORTH 73 FEET THEREOF, BLOCK 2, KNICKERBOCKER MANOR 6TH ADDITION TO THE TOWN OF MUNSTER, LAKE COUNTY, INDIANA.

a/k/a 8620 Maraine Avenue, Munster, Indiana 46321

C.R

97013111

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

FEB 20 1997

SAM ORLICH
AUDITOR LAKE COUNTY

97 FEB 28 PM 3 28
MORRIS W. CARTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

IN WITNESS WHEREOF, the Grantor has executed this deed, this ____21st____ day of

__FEBRUARY__, 19_97_

Signature_Carleen M. Zyglowicz n/k/a Carleen Rivera_   Signature_____

Printed__Carleen M. Zyglowicz__   Printed_____
     n/k/a Carleen Rivera
Signature_____   Signature_____

Printed_____   Printed_____

STATE OF   INDIANA   SS
COUNTY OF   LAKE

Before me, a Notary Public in and for said County and State, personally appeared _____

__CARLEEN M. ZYGLOWICZ_____, who acknowledged the execution of the foregoing

Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this __21st__ day of __FEBRUARY__, 19_97_

My commission expires   Signature_Beth A. Kolbert_

07/11/97 _____   Printed__Beth A. Kolbert__, Notary Public

        Residing in ____Lake____ County, Indiana 001359

This instrument was prepared by ____JOHN F. HILBRICH, #7513-45____
        HILBRICH, CUNNINGHAM & SCHWERD 2637 - 45th Street
        Highland, Indiana 46322 PH: (219)924-2427
        *** NO LEGAL OPINION RENDERED ***

FA
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