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MAIL TAX BILLS TO:

237 N. Colorado Street
Hobart, IN 46342

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

KATHRYN R. MUIR

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

QUITCLAIM(S) to ALICE V. CROUCH

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 12, in Block 1, in Villa Shores Fifth Addition, in the City of Hobart, as per plat thereof, as recorded in Plat Book 29, page 53, in the Office of the Recorder of Lake County, Indiana.

97014102

MORRIS V. CARTER
RECORDER

97 MAR -5 PM 3:32

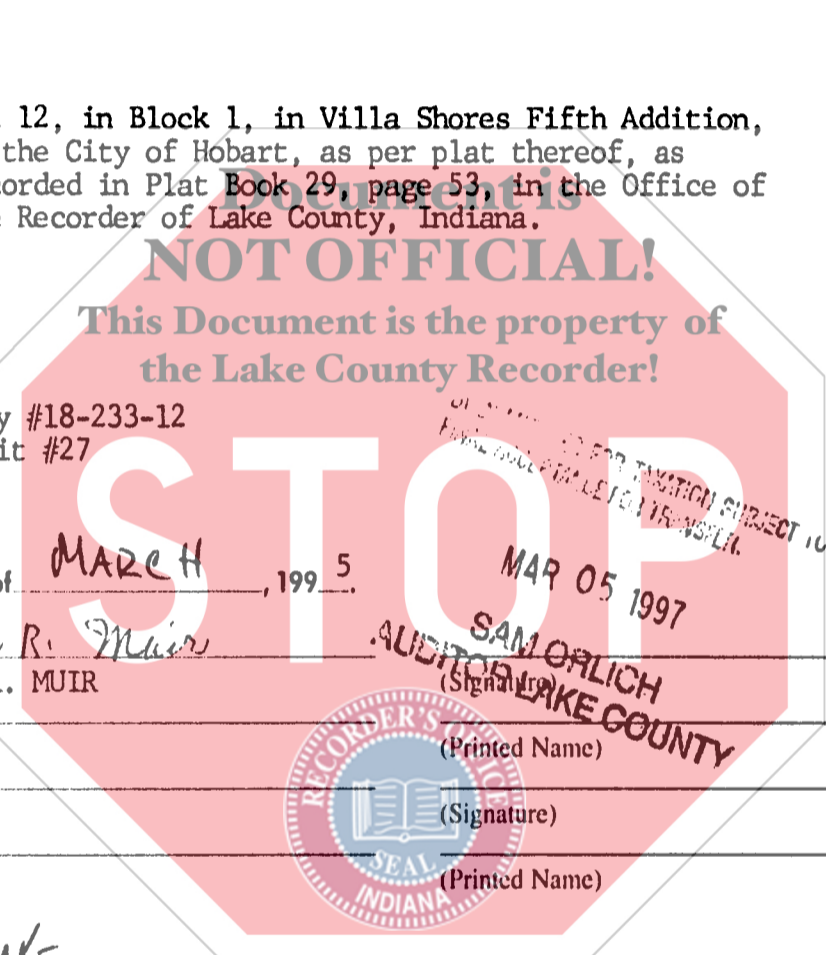
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Lot 12, in Block 1, in Villa Shores Fifth Addition, in the City of Hobart, as per plat thereof, as recorded in Plat Book 29, page 53, in the Office of the Recorder of Lake County, Indiana.

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Key #18-233-12
Unit #27



Dated this 16th day of MARCH, 1995.

(Signature) Kathryn R. Muir
(Printed Name) KATHRYN R. MUIR

MAR 05 1997
SAM ORLICH
AUDITOR LAKE COUNTY

(Signature)

(Printed Name)

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF INDIANA LAKE COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of MARCH, 1995, personally appeared: KATHRYN R. MUIR

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: JAN, 24, 1997 Signature Arnold Krevitz

Resident of LAKE County Printed ARNOLD KREVITZ, 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 ARNOLD KREVITZ 000220 Attorney at Law
Attorney Identification No. 5347-45

MAIL TO: Attorney Arnold Krevitz
500 East 86th Avenue - Merrillville, IN 46410

10.00
500
C# 14114