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: 1308 - 171ST ST. HAMMOND, IN 46324

QUITCLAIM DEED

THIS INDENTURE WITNESSETH. that

GRANTOR(S) of LAKE	EDWARD R. KO OF SURVIVORS	CUR AND HELEN CIBA, ASHIP County in the State of	S JOINT TENANTS WITH FULL RIGHT INDIANA
QUITCLAIM(S) to ODEL	L GARZA		
GRANTEE(S) of LAK	E	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:			
	E 15, IN THE OFFIC	N TO HAMMOND, AS PER DE OF THE RECORDER OF DECLES	
Dated this 3RD day of A En P 1 C	This Docu the Lak	ment is the prope te County Record	OF 1997 ORLICH AKE COUNTY DE BALL STATE OF INDIA AKE COUNTY DE BALL STATE OF INDIA AKE COUNTY DE BALL ALL STATE OF INDIA ALL STATE OF INDIA AKE COUNTY DE BALL STATE OF INDIA ALL STATE
(Signature) EDWARD R. KOCUR		(Signature)	BY EDWARD R. KOCUR HER ATTORNEY
(Printed Name)		(Printed Name)	IN FACT Jock
(Signature)		(Signature)	Les alleria
(Printed Name) STATE OF INDIANA COUNTY OF	AKESS:	(Printed Name)	
Before me, the undersigned, a Notary Public in and for said County and State, this 3RD day of MARCH, 1997, personally appeared: EDWARD R. KOCUR AND HELEN CIBA, BY EDWARD R. KOCUR HER ATTORNEY IN FACT and acknowledged the execution			
of the foregoing deed. In w	itness whereof, I have hereu	unto subscribed my name and af	
My commission expires:	06-07-00	Signature	G. SCHIII
Resident of LAKE	County	Printed THOMAS G. SCHIL	
STATE OF	SS:		((Exp. (4/4/00)) 35))
Before me, the undersigned personally appeared:	, a Notary Public in and for	r said County and State, this	COUNTY, IT
and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official self.			
My commission expires:		Signature	<u></u>
Dacidant of	County	Printed	Notary Public

This instrument prepared by ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661
Attorney Identification No.

MAIL TO: