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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:  
2147 WRIGHT ST.  
GARY, IN 46404

# QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

WILLIAM AARON MILLER

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

QUITCLAIM(S) to JOSEPHINE MAYFIELD KING

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

97015482

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:

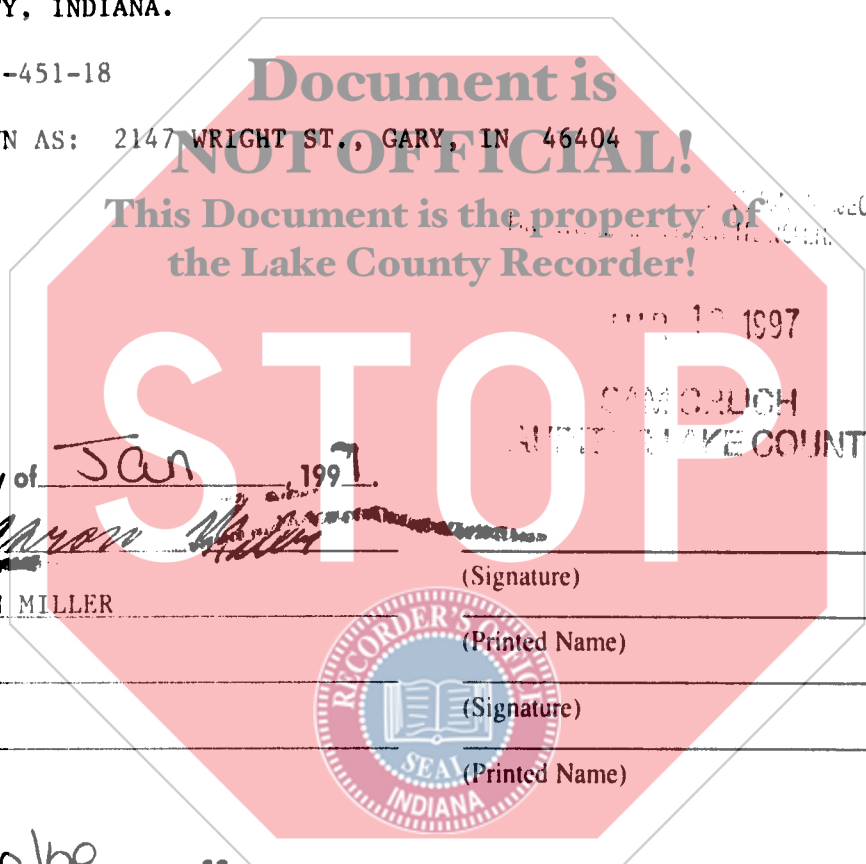
LOT 18 IN BLOCK 4 IN TARRYTOWN SECOND SUBDIVISION IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30 PAGE 86, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

KEY NO. 25-47-451-18

COMMONLY KNOWN AS: 2147 WRIGHT ST., GARY, IN 46404

STATE OF INDIANA  
FILED FOR RECORD  
97 MAR 13 AM 9:52  
MORRIS W. CARTER  
RECORDER

T/Ho 204319



Dated this 31 day of Jan, 1997.

William Aaron Miller (Signature)

WILLIAM AARON MILLER (Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA  
COUNTY OF Lahe SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 31 day of Jan, 1997, personally appeared:

WILLIAM AARON MILLER

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: 01-13-00 Signature Nicole C Gabbert

Resident of Lahe County Printed Nicole C Gabbert, 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 ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661 Attorney at  
Attorney Identification No. 8767-45

MAIL TO:

ADD to Ser