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MAIL TAX BILLS TO:
6330 Calumet Avenue
Hammond, Indiana
46324

97019194

97 APR -1 AM 9:24

QUITCLAIM DEED MORRIS W. CARTER
RECORDER

THIS INDENTURE WITNESSETH, that NELLIE R. WALLACE

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

QUITCLAIM(S) to LARRY G. WALLACE

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:

Lots 10 and 11, Block 1, Calumet Heights, as shown in Plat Book 6, page 31, in Lake County, Indiana. Tax Key Nos.: 32-111-10,11

Commonly known as 6330 Calumet Avenue, Hammond, Indiana 46324

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

NOT OFFICIAL!

APR 01 1997

This Document is the property of
the SAM ORLICH County Recorder!

AUDITOR LAKE COUNTY

This Quit Claim Deed is given pursuant to the terms and conditions of a Judgment Decree of Dissolution entered by the Lake Superior Court, Room Number Five, sitting in Hammond, Indiana, in Cause Number 45D05-9310-DR-1656 on March 14, 1994.

Dated this 26th day of September, 1996.

Nellie R. Wallace
(Signature) NELLIE R. WALLACE

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of September, 1996, personally appeared:

Nellie R. Wallace

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: 10/5/96 Signature Mariann Dertow

Resident of Lake County Printed Mariann Dertow, 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 Frank J. Koprcina 105 E. 61st Avenue, Ste E Attorney at Law
Attorney Identification No. 15772-45 Merrillville, IN 46410

MAIL TO:

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