

207267

TICOR TITLE INSURANCE
2686 Willowcreek Road

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: 81 Lincoln Avenue, Hobart, IN 46342

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that GAIL GLASER

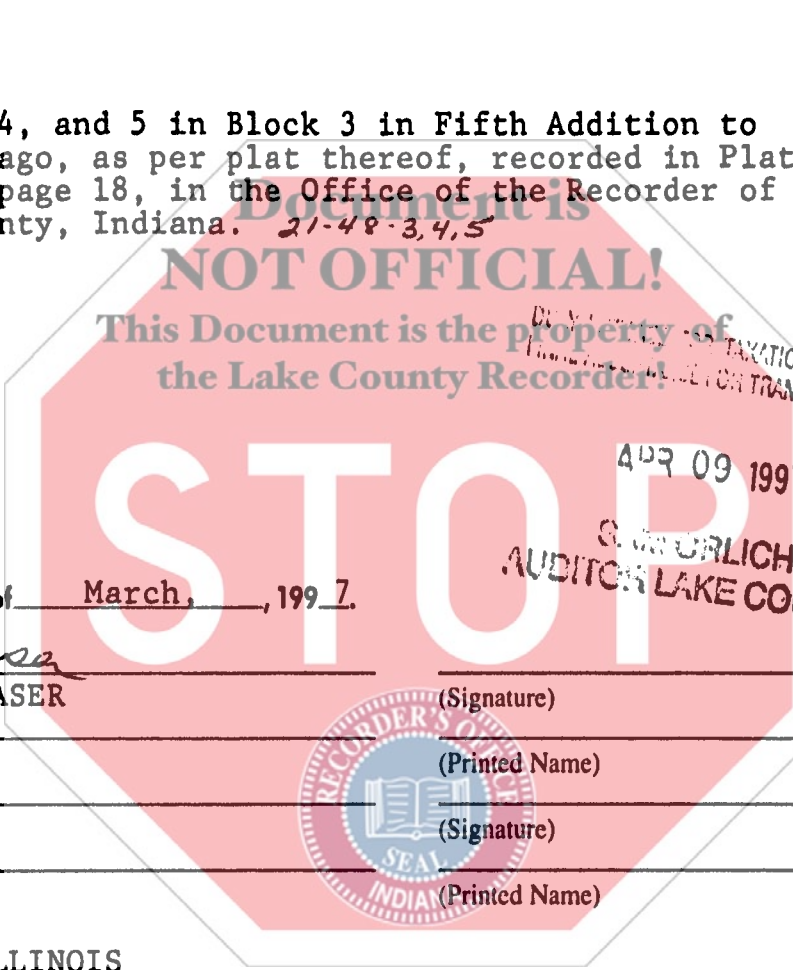
GRANTOR(S) of Cook County in the State of Illinois

QUITCLAIM(S) to MARTIN GLASER

GRANTEE(S) of Porter 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 3, 4, and 5 in Block 3 in Fifth Addition to New Chicago, as per plat thereof, recorded in Plat Book 6, page 18, in the Office of the Recorder of Lake County, Indiana. 21-48-3,4,5



97021541

97 APR 19 AM 10:22

STATE OF INDIANA
LAKE COUNTY
RECORDER

Dated this 27th day of March, 1997.

Gail Glaser
(Signature) GAIL GLASER

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF ~~INDIANA~~ ILLINOIS
COUNTY OF ~~LAKE~~ COOK SS:

000.00

Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of March, 1997, personally appeared:

GAIL GLASER

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: March 4, 1998 Signature Nancy M. Crouch

Resident of Lake County Printed NANCY M. CROUCH, 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 GREGORY J. SARKISIAN, SARKISIAN & FLEMING Attorney at Law
Attorney Identification No. 43-64 6165 Central Avenue
Portage, IN 46368

MAIL TO: TAX EXEMPT--NO DISCLOSURE STATEMENT REQUIRED.