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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:

14324 Hobart Street Cedar Lake, IN 46303

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

WILLIAM G. WHITESTINE

GRANTOR(S) of

Lake

County in the State of Indiana

QUITCLAIM(S) to

***WILLIAM G. WHITESTINE and LINDA M. WHITESTINE, husband and wife SSN 159 44 8711

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 22 to 29, both inclusive, in Block 23, Plat "B" The Shades in the Town of Cedar Lake, as shown in Plat Book 11, page 30, in Lake County, Indiana. Document is T TOSKIND NOITEXAT FOR CERETURY YIJUD NOT OFFICIAL! FINAL ACCEPTANCE FOR TRANSFER. This Document is the property of the Lake County Recorder! APR 14 1997 SAM ORLICH **AUDITOR LAKE COUNTY** 9th_day of_ Dated this... (Signature) (Signature) WHITESTINE (Printed Name) (Printed Name) (Signature) (Signature) (Printed Name) (Printed Name) STATE OF INDIANA SS: COUNTY OF_ Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of___ personally appeared: WILLIAM G. WHITESTINE 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: September 12, 1998 Signature _____County Printed RICHARD A. ZUNICA Notary Public Resident of _ STATE OF COUNTY OF. Before me, the undersigned, a Notary Public in and for said County and State, this_____day of_ personally appeared: and acknowledged the execution

of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

_____ County Printed ____

Signature ____

MAIL TO:

Resident of _

My commission expires: _____

Attorney Identification No. ..

This instrument prepared by _____RICHARD A. ZUNICA

1504<u>-45</u>

Attorney at 1