THIS FOUN HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FICTING IN BLANK SPACES, STRIKING WIT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TO:

Angeline Shoback

3375 W. Lakeshore Drive, Crown Point, Indiana 46307

## **QUITCLAIM DEED**

THIS INDENTURE WITNESSETH, that ANDREW ANTOL, a widower and not remarried,

					•
GRANTOR(S) of	LAKE	County in the Stat	e of INDIANA		
QUITCLAIM(S) to	ANGELINE SHO	DBACK			
GRANTEE(S) of	LAKE	County in the State	te of INDIANA	چېون د امون د چېد د د او د مين يې	.,
in consideration of C the following descri		other valuable consideration, th	e receipt and sufficiency County, in the State of In-		owledged.
	Subdiv: page 2 of Lake	5 and 36, Block 3, ision as shown in , in the Office of County, Indiana Docume:  NOT OFFI is Document is the Lake County	Plat Book 19 the Recorder  It is  CIAL!  PURY ENTENDER  PINAL AUGUSTIA  Recorder:  AP	R 22 1997	
			AUDITOR	ORLICH LAKE COUNTY	
Dated this	day of Ope	, 199 <u>97.</u>		> 1000101 Y	
ander	(hotel			<u> </u>	31
(Signature) ANDREW A	NTOL	(Si	gnature)	77 THE 18 18 18 18 18 18 18 18 18 18 18 18 18	
(Printed Name)		Property Control of the Control of t	rinted Name)	O.S.	SC T
(Signature)		(Si	gnature)		COLA
(Printed Name)		JEAL (P	rinted Name)	- H	
STATE OF INDIA	NΔ	WOJANA.	iiii	_	-
COUNTY OF		SS:			
Before me, the und personally appeared	ersigned, a Notary Pu d: ANDREW ANT	ablic in and for said County and OL, a widower and	State, this day not remarried	of Gril and acknowledged th	
of the foregoing de	ed. In witness whereo	f, I have hereunto subscribed m	ny name and affixed my	official seal.	
My commission ex	pires: <u>Septem</u>	ber 16, 1999 Sign	nature 10 C	eller	
Resident of	Lake	County Printed ELIZ	ZAETH A. CALLA	S, No	otary Public
STATE OF		 SS:		001254	
Before me, the und personally appeared		ablic in and for said County and	State, thisday of	, 1	.99,
of the foregoing de	ed. In witness whereo	f, I have hereunto subscribed m	y name and affixed my o	and acknowledged the official seal.	e execution
My commission ex	pires:	Sign	nature		· · · · · · · · · · · · · · · · · · ·
Resident of		County Printed		, No	tary Public

County

Resident of.

MAIL TO:

This instrument prepared by \_

Attorney Identification No. 550-45

Printed \_

200 E. 90th Drive,

Merrillville, Indiana

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. Attorney at Law