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:

وأو

3816 Grand Blvd. East Chicago, IN 46312

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that	VICTOR V. RIVE	RA	ENTERED FOR TAXATION SUBJE 4E ACCEPTANCE FOR TRANSFER.	il
		••••	OCT 0 9 1997	
GRANTOR(S) of Lake	County in the State of	Indiana	001 09 1331	
QUITCLAIM(S) to VICTOR V. RIVERA WILFREDO VEGA, as joint tena	A, a life estate	e, and MARI s of surviv	SAM ORLICH TROPING LAKE CONV	
GRANTEE(S) of Lake	County in the State of	Indiana		
in-censideration of One Dollar (\$1.00) and other value the following described real estate in Lak		eipt and sufficiency ity, in the State of I		ged,
Lot 27, Block 19, second a East Chicago, as shown in Indiana. Commonly known a Indiana. Key No. 30-351-2	Plat Book 5, p as 3816 Grand B	age 18, in	Lake County, Cast Chicago,	
*This is an exempt transac	ction.		069472	
Dated this 17th day of September Victory Veyr Ring (Signature)			97 OCT 11 MOREIS	LAKE
Victor V. Rivera	(Signat			COUN
(Printed Name)	(Printed	d Name)	AAA COR	7
(Signature)	(Signat	ure)	ER 45	, ,
(Printed Name)	(Printed	d Name)		
STATE OF INDIANA COUNTY OF LAKE SS:				
Before me, the undersigned, a Notary Public in and personally appeared: VICTOR V. RIVER	d for said County and Stat RA	e, this <u>17</u> day	y of <u>September</u> , 19	9_7
of the foregoing deed. In witness whereof, I have h	nereunto subscribed my na	1 1		utio
My commission expires: March 17, 199	98 Signature	e Jane	Moore	
Resident of Lake Coun	nty Printed	Jane Moo	ore , Notary P	'ublic
STATE OF SS:			000668	
Before me, the undersigned, a Notary Public in and personally appeared:	d for said County and Stat	e, thisday of	f, 199	
of the foregoing deed. In witness whereof, I have h	ereunto subscribed my na	me and affixed my	and acknowledged the execuofficial seal.	utior

_____ Signature ___

This instrument prepared by JOHN A. DeMATO & ASSOCIATES, P.C.

Attorney Identification No. 4680-46 5625 Hohman Avenue, Hammond, IN 46320

___ County Printed _____

MAIL TO:

Resident of _

My commission expires:

_____, Notary Public