

MAIL TAX BILLS TO:
307 N. Liverpool Road
Hobart, IN 46342

QUITCLAIM DEED

FILED FOR TAXATION SUBJECT
ACCIDENT FOR TRANSFER

OCT 14 1997

THIS INDENTURE WITNESSETH, that KATHRYN PRICE

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

SAM ORLICK
NOTOR LAKE CO

QUITCLAIM(S) to KATHRYN PRICE, ALLEN R. PRICE and KATHRYN FAE PRICE as joint tenants with rights of survivorship

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:

The S 240' of the W 250' of the NW 1/4 of the SW 1/4 of Section 25 Township 36 North Range 8 W of the 2nd P.M., as per plat thereof, in Lake County, Indiana comprising approximately 1.37 acres, more or less.

Key No.: 17-35-27

Grantor reserves to grantor a life estate in the above described real estate.

Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

Dated this 7th day of October, 1997.

Kathryn Price
(Signature)
KATHRYN PRICE
(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 16 AM 9:59
MORRIS V. CARTER
RECORDER

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of October, 1997, personally appeared: Kathryn Price

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: 10-12-99 Signature *Margaret A. Fiala*

Resident of Lake County Printed Margaret A. Fiala, 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 William J. Longer Attorney at Law
Attorney Identification No. 8894-45

Return

MAIL TO:

000753

211800-97-67

TICOR TITLE INSURANCE
Crown Point, Indiana

1100 to