



## TICOR TITLE INSURANCE

	Return To: -STANLEY-PSMICLA				
QUITCLAIM That CARMEN W. MADIA	••••••	Indenture	Witnesseth	7	
ofPL	ACER R	Cou	nty, and State of	CAL1 FORNIA	
					ب
of	.Q.QQ <b>.AN</b> I	OTHER_YALUABLE			Dollars
State of Indiana, to-wit:					_

KEY NO. 02-03-0158-0010 LOT 10, PON & CO'S WILDWOOD SHORES, AS SHOWN IN PLAT BOOK 26, PAGE 38

LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 6304 W. 251ST AVE, LOWELL, INDIANA

FINAL ACCEPTANCE FOR TRANSPORT

AUDITOR LAKE COUNT

IN WITNESS WHEREOF, The said CAMEN W. MADIA	
Ha hereunto set Hand and seal CARMEN W. MADIA	this 5 day of Colon 19-917
Lower W Malin (SEAL)	(SEAL)
CARNEN W. MADIA	(SEAL)
(SEAL)	(SEAL)
STATE OF INDIANA,	o: Other Children
Before me, the undersigned, a Notary Public in and for said	County and State, personally appeared
the within named	
who acknowledged the execution of the foregoing Deed to be WITNESS, my hand and Seal this day of	evoluntary act and deed.
WITNESS, my nand andSeal thisday of  My commission expires19	
	Notary Public
County of Residence.	
Mail Tax Statements to . 1018 V. PINE PL_GRIEFITH INDIANA 4	6319
This instrument prepared byCARMEN_ H. MADIA	0010

## Calitornia before me, Atelavia Michelle Edwards, Natara Kublic, Name and Title of Officer (e.g., "Jane Doe, Notary Public") personally known to me —OR — proved to me on the basis of satisfactory evidence to be the person(s) whose name(x) is/are subscribed to the within instrument and acknowledged to me that he/she/thay executed the same in his her/their authorized capacity(less), and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person acted, RTAVIA MICHELLE EDWARDS executed the instrument. Commission # 1104653 lotary Public — California Socramento County WITNESS my hand and official seal Comm. Expires Sep 17, 2000 Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. **Description of Attached Document** Kelease and Quitclaim Dea Title or Type of Document: Document Date: 15 October \_\_\_\_\_ Number of Pages: \_\_ Signer(s) Other Than Named Above: \_\_None Capacity(ies) Claimed by Signer(s) Signer's Name: <u>Carmen</u> W. Madia Signer's Name: \_\_\_\_\_ 🔀 Individual ☐ Individual □ Corporate Officer ☐ Corporate Officer Title(s): Title(s): \_ □ Partner — □ Limited □ General ☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact □ Attorney-in-Fact □ Trustee □ Trustee ☐ Guardian or Conservator ☐ Guardian or Conservator ☐ Other: \_\_\_\_\_ □ Other: Signer Is Representing: Signer Is Representing: