

FA 18983

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MAIL TAX BILLS TO:

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that JANET LEMMON a/k/a JANET SUE LEMMON

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

QUITCLAIM(S) to DONALD W. LEMMON

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

97070697

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 East 75 feet of Lot 18, Block 6, Resubdivision Garden Homes, as shown in Plat Book 23, Page 55, in Lake County, Indiana.

Subject to real estate taxes for 1997 due and payable and thereafter.

Subject to all covenants, conditions, liens, restrictions and easements of record.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 19 AM 10:33
MORRIS W. CANTER
RECORDER

JULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

HOLD FOR FIRST AMERICAN TITLE

Dated this 14 day of April, 1997.

OCT 17 1997

Janet Lemmon A/K/A Janet Sue Lemmon
(Signature)

(Signature)

SAM ORLICH

Janet Lemmon a/k/a Janet Sue Lemmon

AUDITOR LAKE COUNTY

(Printed Name)

(Printed Name)

JANET LEMMON A/K/A JANET SUE LEMMON
(Signature)

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of April, 1997, personally appeared:

Janet Lemmon a/k/a Janet Sue Lemmon 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: 1-22-99 Signature *Janet Lemmon A/K/A Janet Sue Lemmon*

Resident of LAKE County Printed EVELYN BUNDY, Notary Public

STATE OF _____
COUNTY OF _____ SS:

NOTARY Evelyn Bundy

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 Stephen R. Place, #5758-45 Attorney at Law

Attorney Identification No. LUCAS, HOLCOMB & MEDREA
300 East 90th Drive
Merrillville, IN 46410

001084

MAIL TO: