After recording please mail to: Donald and Stephanie McCormick 12 Beverly Blvd.

Hobart, Indianatary INDIANA

LAKE COUNTY

FILED FOR RECORD

97071069

97 OCT 20 AH 10: 25

MORRIS W. CARTER RECORDER

A298-10 R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed the	nis 27th day of	September	, 19 97 ,
by first party, Grantor, Stephanie C. Mc	Cormick, a married	d woman	
whose post office address is 12 Beverly Blv	d., Hobart, In 463	342	
to second party, Grantee, Donald P. McCor Husband and Wif	mick and Stephanie	C. McCormick	
whose post office address is 12 Beverly Blvd		42	
WITNESSETH, That the said first party, Dollars (\$10.00 acknowledged, does hereby remise, release and qui est and claim which the said first party has in and appurtenances thereto in the County of Lake Lot 11, Block 1, Villa Shores Fir 25, Page 4, Lake County, Indiana IN WITNESS WHEREOF, The said firs) paid by the said second itclaim unto the said second to the following described , Stat st Addition to Hob Key # 18-2	nd party, the receipt w d party forever, all the parcel of land, and in e of Indiana part, as shown in RIH- II	hereof is hereby right, title, inter- provements and to wit: n Plat Book
above written. Signed, sealed and delivered in prese		• • •	
Signature of Witness	Signature of F	anie C. Mirst Party Stephani	e C. McCormick
	<u>Steph</u>	anie C.M	<u>leCormick</u>
Print name of Witness	Print name of	First Party	
Signature of Witness	Signature of F	irst Party	A-10-04-0-070
Print name of Witness	Print name of	First Party	
State of Indiana }			
County of Lake On September 27,1997 before me. Ja	net A. Gornick		,
appeared Stephanie C. McCormick			
personally known to me (or proved to me on the bis/are subscribed to the within instrument and his/her/their authorized capacity(ies), and that by entity upon behalf of which the person(s) acted, exe WITNESS my hand and official seal.	acknowledged to me the his/her/their signature(s) of	at he/she/they execut	ed the same in
Signature of Notary Janet A. Gornick	 A	AffiantKnown	Produced ID
County-of Residence: Lake	Ţ	ype of ID	
My Commission Expires: 11/8/99	AKHE	•	(Seal) (Revised 2/97)
If your state requires 8 ½" x 11" form	IS, CUT OFF THE BOTTOM OF THIS WENTERED FOR TAXATIF FIRML ACCEPTANCE FOR TR	ON SUBJECT ANSFER.	э.

23.224.200.40

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OCT 20 1997

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