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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97071102

97 OCT 20 PM 12:14

MORRIS W. CARTER
RECORDER

A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 18TH day of OCTOBER, 1997

by first party, Grantor, DOROTHY ROBINSON

whose post office address is 3616 WHEELWOOD CT. HAZELCREST, IL

to second party, Grantee, ALFRED L. HENRY

whose post office address is ^{Tax mail} 3875 POLK ST. GARY, IN 46408

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ 3,000) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there- to in the County of LAKE, State of INDIANA to wit:

LOT 45 IN OAK MEADOWS AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 26 PAGE 62 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. PARCEL # (KEY NUMBER) 001-41-49-0439-0015

JULY ENTERED FOR TAXATION SUBJECT
FEDERAL ACCEPTANCE FOR TRANSFER.

OCT 20 1997

SAM ORLICH
AUDITOR LAKE COUNTY

AFHE
(1)

(Revised 3/97)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness _____ Signature of First Party Dorothy Robinson

Print name of Witness _____ Print name of First Party DOROTHY ROBINSON

Signature of Witness _____ Signature of First Party _____

Print name of Witness _____ Print name of First Party _____

State of Indiana
County of Lake

On 06/18/1999 before me, Brenda E. Perry appeared Dorothy Robinson personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Brenda E. Perry
Signature of Notary

Brenda E. Perry Affiant Known Produced ID
Type of ID _____
Notary Public, State of Indiana
Lake County
My Commission Exp. 04/09/2001
(Seal)

State of _____
County of _____
I in _____
appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Signature of Notary _____ Affiant _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

Signature of Preparer _____

Print Name of Preparer _____

Address of Preparer _____

(2)
If your state requires a 1/2" x 11" stamp, fill in the amount of the stamp at the bottom line.