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MAIL TAX BILLS TO:

630 - 119th Street
Whiting, IN 46394

QUITCLAIM DEED

NOV 12 1997

THIS INDENTURE WITNESSETH, that Donna M. Kubacki, formerly known as Donna M. Saks, SAM ORLICH
AUDITOR LAKE COUNTY

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

QUITCLAIM(S) to Thomas J. Kubacki and Donna M. Kubacki, Husband and Wife

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 West 1/2 of Lot 3, Block 3 in Forsyth Water Gardens in the City of Hammond, as per plat thereof, recorded in Plat Book 14, page 19, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 630-119th St, Whiting, IN 46394

Key # 33-140-4

The purpose of this conveyance is to create in the grantees a tenancy by the entireties

97077608

Dated this 31st day of October, 1997.

Donna M Kubacki

(Signature) Donna M. Kubacki formerly known as Donna M. Saks

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 NOV 13 AM 10:05
MORRIS COUNTY CLERK

STATE OF INDIANA
COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 31st day of October, 1997, personally appeared: Donna M. Kubacki, formerly known as Donna M. Saks

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: Aug 4, 1998 Signature Florence Fernandez

Resident of LAKE County Printed FLORENCE FERNANDEZ 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. 000701

My commission expires: _____ Signature _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by Brian L. Goins, 707 Ridge Road, Munster, IN 46321 Attorney at Law
Attorney Identification No. 8616-45

MAIL TO: C 75
5311 Hohman Ave, Hammond, IN 46320

TICOR TITLE INSURANCE
Crown Point, Indiana

212669

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