

MAIL TAX BILLS TO: 7721 W. 87th Avenue, Crown Point, IN 46307

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that CHRISTINE F. ADAMCZYK, n/k/a CHRISTINE F. McCANTS

GRANTOR(S) of LAKE County in the State of INDIANA

JULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER.

QUITCLAIM(S) to ROBERT J. ADAMCZYK

NOV 14 1997

GRANTEE(S) of LAKE County in the State of INDIANA

SAM ORLICH
AUDITOR LAKE COUNTY

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:

Lot 3 in Adamczyk Estates, as per plat thereof, recorded in Plat Book 75 page 20, in the office of the Recorder of Lake County, IN.

Commonly known as 7721 W. 87th Avenue, Crown Point, IN

This Deed is being executed and delivered in full satisfaction of my right, title and interest in the above described real estate pursuant to terms, interest, and provisions of the Stipulation and Agreement and the Dissolution Decree filed in Open Court under cause number 45C01-9708-DR-02052.

In Re: The Marriage of Adamczyk.

Dated this 31 day of October, 1997.

Christine F. Adamczyk
(Signature)
Christine F. Adamczyk, n/k/a McCants
(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

(Signature)

(Printed Name)

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:

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: 9/2/00 Signature Karen L. Hendrix

Resident of Porter County Printed Karen L. Hendrix, 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.

My commission expires: _____ Signature _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by Geoffrey G. Giorgi, One Professional Center Attorney at Law
Attorney Identification No. 16279-49 Suite 204, Crown Point, IN
(219) 663-3113

MAIL TO: Geoffrey G. Giorgi, One Professional Center, Suite 204, Crown Point, IN
46307

97078430

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 17 4:19:23
MORNING CENTER

000902

12-00
22