## MAIL TAX BILLS TO:

2217 West 79th Avenue Merrillville, IN. 46410

## **OUITCLAIM DEED**

<b>Q</b> 011		er en jeden for taxailin subje-	
THIS INDENTURE WITNESSETH, that	Simon Kosteski	A Medical And the Additional	
GRANTOR(S) of Lake	County in the State of	Indiana NC/ 2 1997	
QUITCLAIM(S) to Simon Kosteski and Li	ljana Kosteski, H	inspand and WINGEDITOR LAKE COUNTY	
GRANTEE(S) of Lake	County in the State of	Indiana	
in consideration of One Dollar (\$1.00) and other valual the following described real estate in lake		eipt and sufficiency of which are hereby acknowledged, ty, in the State of Indiana:	
1995 in Plat Book 78, Page 92, in The undersigned hereby represent	the Office of th that this real es	はate in not "property" as de買帽数 in	
	storage tanks or under Indiana Cod		
Grantor certifies that this is an statement is requried.	exempt transacti	ion and no sales disclosure	
		d 14273	
Dated this 6th day of November	., 199 <u>7</u> .		l
(Signature) SIMON KOSTESKI	(Signatu	ire)	•
(Printed Name)	(Printed	Name)	•
(Signature)	(Signatu	ire)	•
(Printed Name)	(Printed	Name)	•
STATE OF INDIANA COUNTY OF Lake SS:			
Before me, the undersigned, a Notary Public in and personally appeared: Simon Kosteski	for said County and State		4
of the foregoing deed. In witness whereof, I have her	reunto subscribed my nan	and acknowledged the execution me and affixed my official soal.	ارن نان
My commission expires: 8/3/2000	Signature	Selle W. Muss.	ί. -
Resident of Lake County	PrintedDani	el W. Slusser , Notary Public	c
STATE OF SS:			
Before me, the undersigned, a Notary Public in and personally appeared:	for said County and State	e, this, 199	•

KEY#54-57-6

and acknowledged the execution cial seal. of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: \_ Signature \_\_\_

\_\_\_\_\_ County Printed \_\_\_\_\_\_, Notary Public Resident of \_\_\_

\_\_\_\_\_ Attorney at Law

This instrument prepared by Patrick J. Mcmanama
Attorney Identification No. 9534-45

MAIL TO: Grantees