

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC -9 AM 11:27

MORRIS W. ... ENTERED FOR TAXATION SUBJECT
TAX ACCEPTANCE FOR TRANSFER.

97084151

A298-10
R298-04

QUITCLAIM DEED

DEC 09 1997

SAM ORLICH
AUDITOR LAKE COUNTY

THIS QUITCLAIM DEED, Executed this *December 8*, day of *9th*,
19 *97*.

by first party, Grantor, *Ernest H. Wilson*

whose post office address is *4740 Grant Street, Gary, In. 46408*

to second party, Grantee, *{ Ernest H. Wilson &
Donald Wilson -*

whose post office address is *1180 Clinton St. Gary, In 46406*

*Tax ↑
TO*

WITNESSETH, That the said first party, for good consideration and for the sum of
Dollars (\$)) 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:

*Lots fifteen (15) to Eighteen (18), both inclusive
Block two (2), C, J. Williams' Second Addition to
Hosford Park, as shown in Plat Book H,
Page 11, in Lake County, Indiana.
Key 39-321-15*

000595

ATHE
(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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*12.80
cash*

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:

Antonette D. Mack
Signature of Witness

Ernest G. Wilson
Signature of First Party

Antonette D. Mack
Print name of Witness

ERNEST G WILSON
Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

State of _____)
County of _____
On _____ before me,
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.

SHARON DAI DOWD
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. MAY 5, 2000

Sharon D. Dowd
Signature of Notary

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

State of _____)
County of _____
On _____ before me,
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 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.