THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIARA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TG. 141 S. Ash Street, Hobart, IN 46342

## **QUITCLAIM DEED**

THIS INDENTUR	E WITNESSETH, that	SUSANNE n/k/a SU	See Control of the Co	. Takan Marian A. S.	NA SIMON		
GRANTOR(S) of	Lake	County in th	ne State of	India	ina	4 10 10 E	
QUITCLAIM(S) to	JULIEANN T. ZLOZ	A, Indivi	dually, in	her d	one-half (1/2 t in the foll	?) undivided Lowing real estate	
GRANTEE(S) of	Lake	County in t		Indi			
in consideration of O the following describ	ne Dollar (\$1.00) and other va ed real estate in Lake	uable considerat			iciency of which are hate of Indiana:	ereby acknowledged,	
Northe Southe Thirty	enty-one (21) in ision, being a suast Quarter (NE¼) ast Quarter (SE¼) -six (36) North, pal Meridian, sit	ibdivision , and the of Secti Range Eig	of the Norther on Thir ht (8)	Soutlast Qu ty-thi	n Half $(s_2^1)$ (  narter $(NE_3)$ )  see $(33)$ , Topo the Second	of the wiship	
	ULY ENTERED FOR TAXATION SUBJECT Tinks acceptance for transfer.						
					DEC 173	997등	
Dated this 24t1	l day of November	, 199 <i>.</i> z			SAM ORL	ici <del>L</del>	
	widn Smre		10n)		AUDITOR LAKE	<u>.c.g.,                                    </u>	
(Signature)	) ) ) S M. SMOSNA		(Signature	e)			
(Printed Name)			(Printed Name)				
(Signature)			(Signatur	e)			
(Printed Name)			(Printed 1	Name)		· <b>9</b>	
STATE OF INDIA COUNTY OF	NA PORTER SS:					STATE OF IN LAKE COU FILED FOR TO STATE OF IN	
Before me, the und personally appeared	ersigned, a Notary Public in a l: SUSANNE	nd for said Cour	), 공개 기계의 기급이다.	this <u>24</u>	:11		
of the foregoing de	ed, In witness whereof, I have	hereunto subscr	ibed my nam	e apd Affi	and acion xed my official seal?	nowledge Bin Execution	
얼마리 유럽하다는 병하는 점점하다 나왔다.	pires: March 6, 20				the floor	Claim.	
Resident of Lak	Co	unty Printed _	Betty	Jean	Gesin/	, Notary Public	
STATE OF	SS				and the second s	e e e e e e e e e e e e e e e e e e e	
	lersigned, a Notary Public in				_day of		
of the foregoing de	ed. In witness whereof, I have	hereunto subscr	ibed my nam	e and affi	and the second of the second o	nowledged the execution	
My commission ex	pires:		Signature .				
Resident of	Co	unty Printed _				, Notary Public	
This instrument pro	mark A. Rosco	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	irport	Road,	Portage, IN	Allomey at Law	
Attorney Identifica	tion No. 10677-64		1		001.059		
MAIL TO:				jan.	E ALLEN COUNTY INDIANA BAI	R ASSOCIATION, INC. [REV. 497, 467	