

MAIL TAX BILLS TO:
NINA H. SHOCAROFF
1934 LINCOLN AV
WHITING IN 46395

QUITCLAIM DEED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 DEC 22 AM

MORRIS W. CA
RECORDED

JEROME J. REPPA
ATTORNEY
949 CORNWALLIS LANE
MUNSTER IN 46321-2878

THIS INDENTURE WITNESSETH, that

97087755
JEROME J. REPPA, AS TRUSTEE FOR
PURPOSE OF RECONVEYANCE

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

QUITCLAIM(S) to NINA H. SHOCAROFF, and ELSIE H. DOKOFF, AND CHRISTINA M. BURRIS,
AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP

GRANTEES(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:

LOT NINETEEN (19) AND THE SOUTH 20 FEET OF LOT EIGHTEEN (18)
BLOCK TWO (2), IN WEST PARK ADDITION TO HAMMOND, LAKE COUNTY,
INDIANA.
(commonly known as 1934 LINCOLN AV., WHITING IN 46395)
Tax Key No. 36-306-17
Unit 26

Dated this 13th day of DECEMBER, 1997.

Jerome Reppa
(Signature) JEROME J. REPPA, Trustee/Grantor
(Printed Name)

(Signature)
(Printed Name)

JULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.
(Signature)
(Printed Name)

DEC 19 1997
(Signature)
(Printed Name) SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 13th day of DECEMBER, 1997,
personally appeared: JEROME J. REPPA, Trustee/Grantor

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: 2-12-01 Signature *Julianne Myers*

Resident of LAKE County Printed JULIANNE MYERS, 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 JEROME J. REPPA Attorney at Law
Attorney Identification No. 6031-45

ATTORNEY
949 CORNWALLIS LANE
MUNSTER IN 46321-2878

MAIL TO:

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