

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA 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 TO: John L. Key, 840 Vermont Street, Gary, Indiana 46402

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that CHARLENE C. KEY

GRANTOR(S) of Lake County in the State of Indiana

QUITCLAIM(S) to JOHN L. KEY

GRANTEE(S) of Lake County in the State of Indiana

9802326

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:

44-21-24

Gary Land Company's 1st Sub.
North 20 feet of Lot 24, Block
21, South 15 feet of Lot 25,
Block 21 A/K/A 824 Vermont
Street, Gary, IN

This document is the property of
the Lake County Recorder!



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 APR -2 AM 11:51

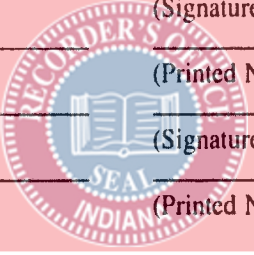
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

Dated this March day of 1998.

APR 02 1998

(Signature) *Charlene Key*
(Printed Name) CHARLENE C. KEY

(Signature) SAM ORLICH
(Printed Name) AUDITOR LAKE COUNTY



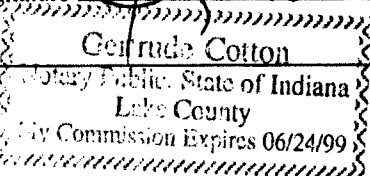
(Signature) _____
(Printed Name) _____

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 March, 1998, personally appeared: Charlene C. Key

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: 6/24/99
Resident of Lake County Printed: Gertrude Cotton, 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: 000195
Resident of _____ County Printed: _____, Notary Public

This instrument prepared by Calvin D. Hawkins Attorney at Law
Attorney Identification No. 7593-98

MAIL TO: Calvin D. Hawkins, P.O. Box M859, Gary, IN 46401

Handwritten initials and numbers: 1100, 12/1, CS