

MAIL TAX BILLS TO:

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that HENRY KOCZUR and LAURENTINE KOCZUR, HUSBAND AND WIFE,

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

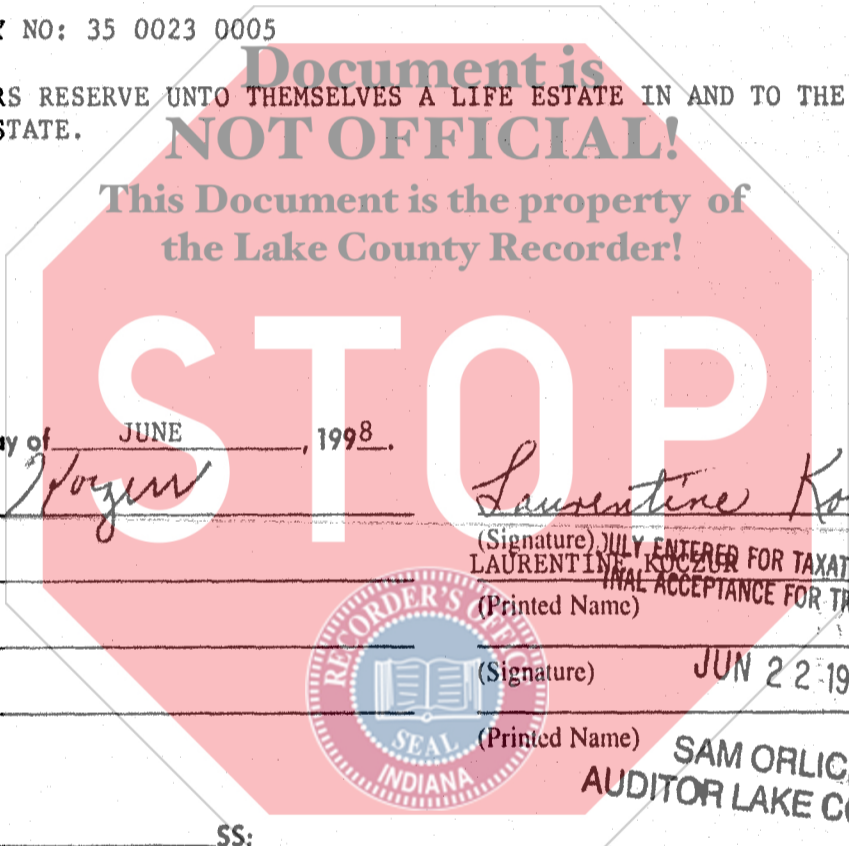
QUITCLAIM(S) to KENNETH KOCZUR and DONALD KOCZUR, JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP,

GRANTEE(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:

LOTS 5 and 6, BLOCK 14, MFG'S ADDN. TO HAMMOND, INDIANA.
MORE COMMONLY KNOWN AS: 6712 MONTANA AVENUE, HAMMOND, IN.
TAX KEY NO: 35 0023 0005

GRANTORS RESERVE UNTO THEMSELVES A LIFE ESTATE IN AND TO THE SUBJECT REAL ESTATE.



91694086

Dated this 15th day of JUNE, 1998.

(Signature) *Henry Koczur*
HENRY KOCZUR
(Printed Name)

(Signature) *Laurentine Koczur*
LAURENTINE KOCZUR
(Printed Name)

(Signature) _____
(Printed Name) _____

(Signature) _____
(Printed Name) _____

STATE OF INDIANA
COUNTY OF LAKE SS:

JULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
JUN 22 1998
SAM ORLICH
AUDITOR LAKE COUNTY

Before me, the undersigned, a Notary Public in and for said County and State, this 15th day of JUNE, 1998, personally appeared: HENRY KOCZUR AND LAURENTINE KOCZUR, HUSBAND AND WIFE,

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: 5-8-2001 Signature *Robert A. Pete*

Resident of LAKE County Printed Robert A. Pete, Notary Public
Notary Public, State of Indiana
Lake County
My Commission Exp. 05/08/2000

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 ROBERT A. PETE Attorney at Law
Attorney Identification No. 5694-45

MAIL TO:

Robert Pete
1 Professional Center Ste. 314
Crown Point, IN 46307