MAIL TAX BILLS TO:

Rudolph Val Dawson 1820 R. 142nd St. Rast Chicago, IN 46312

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that

Thomas S. Cappas

FINAL ACCEPTANCE FOR TRANSFER.

GRANTOR(S) of

Lake

County in the State of

Indiana

JUN 30 1998

QUITCLAIM(S) to

Rudolph Val Dawson

SAM ORLICH AUDITOR LAKE COUNTY

LESNIAR & ASSOCIATES UU Andrey at Law

PRINTED BY THE ALLEN COUNTY INDIANA BAR ASSOCIATION,

46312

1802 E. Columbus Drive

East Chicago, IN

(219)398-6200

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 County, in the State of Indiana: Lake Lot 15 and Lot 16, Block 6, Third Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book 5, page 24 in Lake County, Indiana. OCUMENT 1S Commonly known as 3929 and 3931 Main Street, East Chicago, IN. Tax Key #30-367-16 and 17 This Document is the property of Exempt from Disclosure requirements because of no consideration. June 1998 (Signature) (Signature) Thomas S. Cappag (Printed Name) (Printed Name) (Signature) (Signature) (Printed Name) (Printed Name) STATE OF INDIANA Lake COUNTY OF... SS: Before me, the undersigned, a Notary Public in and for said County and State, this June day of_ personally appeared: Thomas S. Cappas and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. Signature. My commission expires: . Printed _ County Resident of _ STATE OF. COUNTY OF. Before me, the undersigned, a Notary Public in and for said County and State, this_____day of___ personally appeared: of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires: _ Signature _ Notary Public Resident of _ _____ County Printed.

Richard J. Lesniak

8775-45

This instrument prepared by _

Attorney Identification No. __

MAIL TO: