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MAIL TAX BILLS TO:
500 S. Liberty Place
Hobart, IN 46342

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that LINDA J. ADAMS

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

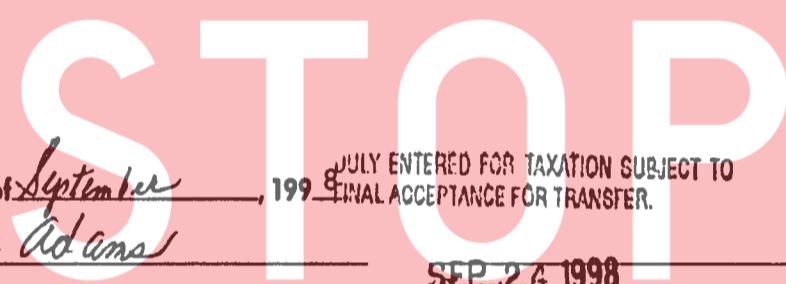
QUITCLAIM(S) to LINDA J. ADAMS, as to an undivided 74% interest and the RICKETTS REVOCABLE LIVING TRUST dated January 6, 1989, as to an undivided 26% interest, as tenants in common
GRANTEE(S) of Lake County in the State of Indiana

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:

98075942

The East 1/2 of the West 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 28, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana, except the North 150 feet of the West 165 feet thereof and also except the North 30 feet of the East 165 feet thereof, and also except the South 558 feet thereof. Tax Key No.: 17-8-10

This Document is the property of the Lake County Recorder!



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 SEP 24 PM 12: 31
MORRIS W. CATTER
RECORDER

Dated this 15 day of September, 1998
Linda J. Adams
(Signature) LINDA J. ADAMS
SEP 24 1998
(Signature)

(Printed Name)
(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 15 day of September, 1998, personally appeared: LINDA J. ADAMS

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: 9-14-2006 Signature *Bonnie Berk*
Resident of Lake County Printed Bonnie Berk, 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 Frank J. Koprčina, 105 E. 61st Avenue, Suite E Attorney at Law
Attorney Identification No. 15772-45 Merrillville, IN 46410

MAIL TO: