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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99 APR -6 AM 11:26

MORRIS W. CARTER  
RECORDER

A298-10  
R298-04

### QUITCLAIM DEED

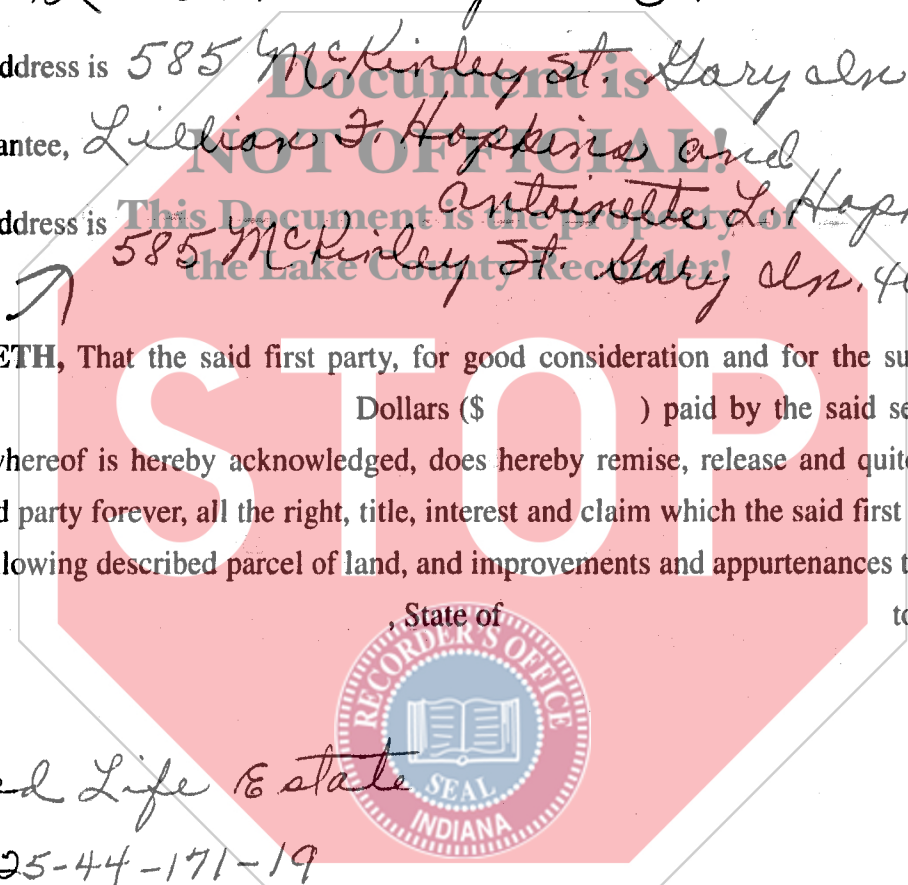
THIS QUITCLAIM DEED, Executed this 6<sup>th</sup> day of April, (year), 1999

by first party, Grantor, *Lillian J. Hopkins \**

whose post office address is *585 McKinley St. Gary In. 46404*

to second party, Grantee, *Lillian J. Hopkins and Antoinette L. Hopkins*

whose post office address is *585 McKinley St. Gary In. 46404*



WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ ) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there- to in the County of , State of to wit:

*\* Reserved Life Estate*  
*\*\* Key # 25-44-171-19*

ZZHF  
(1)

Rev. 6/98

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

000302

APR 06 1999



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PETER BENJAMIN  
LAKE COUNTY AUDITOR

*1200  
su*

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Karen Eastland  
Signature of Witness

Lillian F. Hopkins  
Signature of First Party

KAREN EASTLAND  
Print name of Witness

LILLIAN F. HOPKINS  
Print name of First Party

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of First Party

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Print name of First Party

State of Indiana  
County of Lake

On April 6th 1999 before me, LILLIAN F. HOPKINS  
appeared Lillian F. Hopkins

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Carmelita Perry  
Signature of Notary NOTARY EXPIRATION 7/2/2001

Affiant Known  Produced ID  
Type of ID INDIANA DRIVER'S LICENSE  
(Seal)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_  
appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Print Name of Preparer

\_\_\_\_\_  
Address of Preparer

(2)

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If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.