

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 23 day of August, 1999 (year),

by first party, Grantor, X Clifton Banner

whose post office address is 1920 W. McKinley St Gary, Ind.

to second party, Grantee, Jerome Banner, Stella Blake, Robin Banner

whose post office address is 441 W. 55 Lane, West. Indiana

Tax mail

J/T with ref 9.B.

WITNESSETH, That the said first party, for good consideration and for the sum of

9.0 - Ten - Dollars (\$10,00)

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 Lake, State of Indiana to wit:

-----Owner/Legal-----	
Acct# 4304160019	Total Acres .109
Name BARNER CLIFTON	
Addr 1920 MCKINLEY ST	
Gary IN 46404-2754	
Legal	Land Use 5.
1) GARY HILLCREST ADD. L.19 BL.1	2)
	3)

Key # 43-416-19



(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

JULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 23 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR



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001591

12.00
E.P.
C.S.

25 x 10

Print name of Witness

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

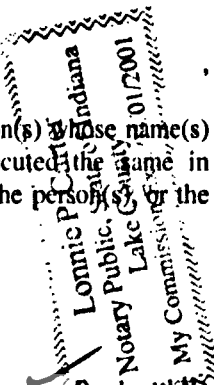
On 23RD AUGUST 1999 before me, Lonnie P Carter
appeared CLIFTON BARNER

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.

Lonnie P Carter
Signature of Notary

Affiant Known Produced ID Produced ID
Type of ID _____ (Seal)



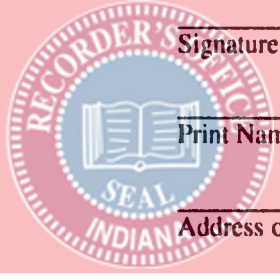
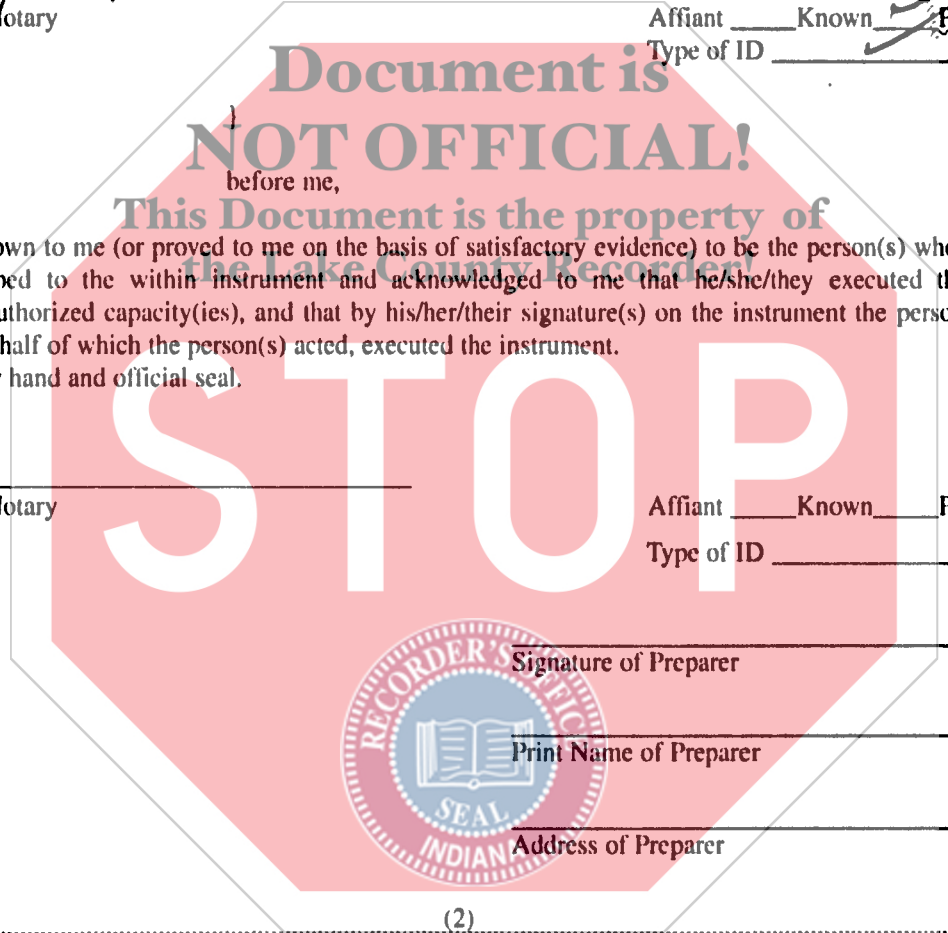
State of _____
County of _____
On _____
appeared _____

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)

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