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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99081037

99 OCT -1 AM 11:51

MORRIS W. CARTER  
RECORDER

A298-10  
R298-04

### QUITCLAIM DEED

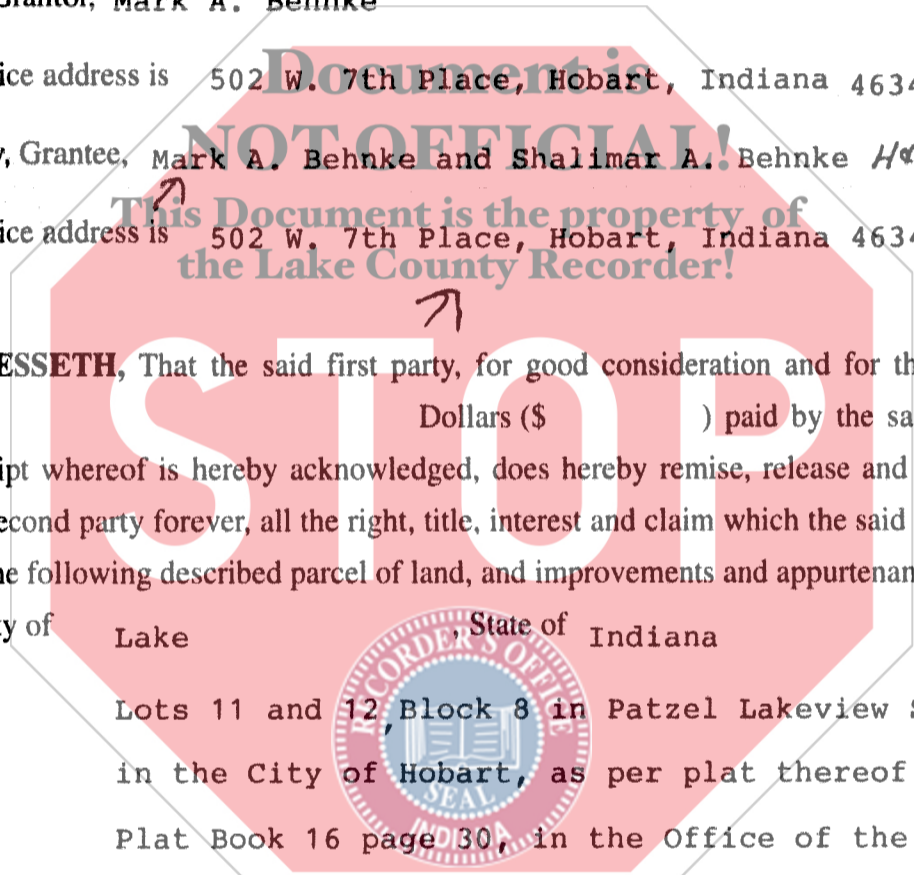
THIS QUITCLAIM DEED, Executed this \_\_\_\_\_ day of \_\_\_\_\_, (year),

by first party, Grantor, Mark A. Behnke

whose post office address is 502 W. 7th Place, Hobart, Indiana 46342

to second party, Grantee, Mark A. Behnke and Shalimar A. Behnke *H&W as J/T*

whose post office address is 502 W. 7th Place, Hobart, Indiana 46342



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 Lake, State of Indiana to wit:

Lots 11 and 12, Block 8 in Patzel Lakeview Summer Resort in the City of Hobart, as per plat thereof, recorded in Plat Book 16 page 30, in the Office of the Recorder of Lake County, Indiana.

*#18-112-11412*

AQHH (1)

Rev. 4/99

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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.



FILED FOR TAXATION SUBJECT TO  
FINALE ASSURANCE FOR TRANSFER.

OCT 01 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000082

*1200 SW*

*CS*

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:

Signature of Witness

Mark A. Behnke  
Signature of First Party

Print name of Witness

Mark A. Behnke  
Print name of First Party

Signature of Witness

Shalimar A. Behnke  
Signature of First Party

Print name of Witness

Shalimar A. Behnke  
Print name of First Party

State of Indiana )

County of Lake

On October 1, 1999 before me,  
appeared Mark & Shalimar Behnke

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

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 8911-21-1170 10/3/01  
(Seal)  
8938-58-9708 9/10/03

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.