

QUIT-CLAIM DEED

This Indenture Witnesseth, That Bernice Brandon and Carl Brandon

of Lake County, in the State of Indiana

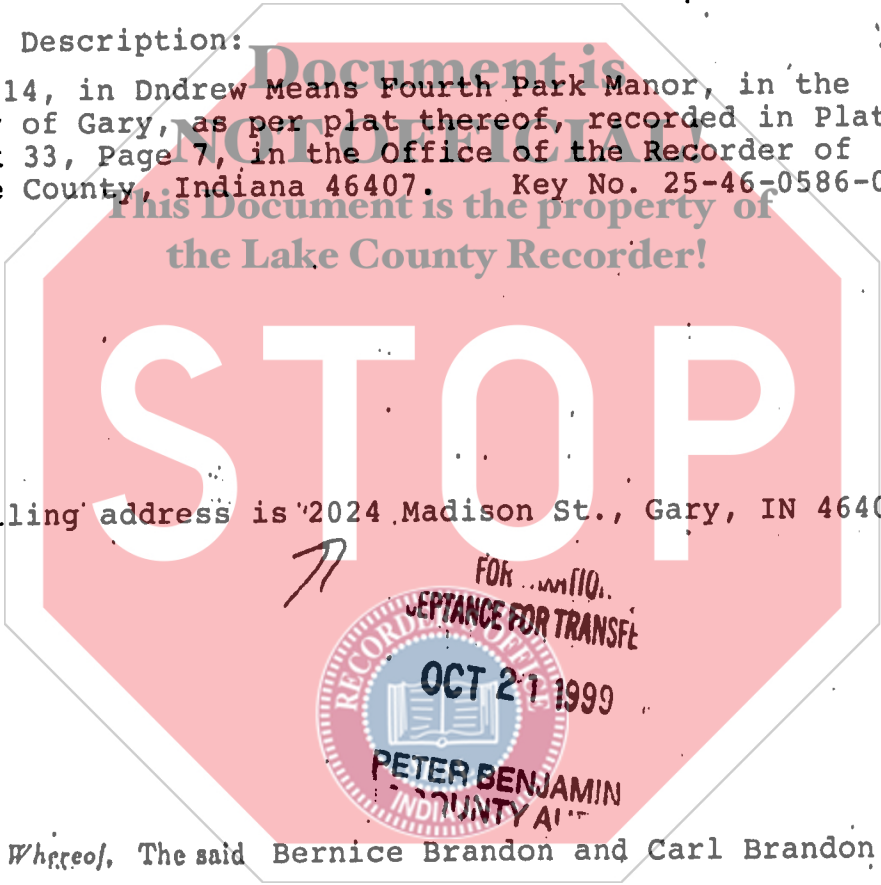
Release and Quit-Claim to Carl Brandon and Angela O. Brandon (Husband and wife) Tenancy by Entireties

of Lake County, in the State of Indiana, for and in consideration of Seven (\$7.00) Dollars,

and other valuable consideration, the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County in the State of Indiana, to-wit: 2024 Madison Lane

Legal Description:

Lot 14, in Andrew Means Fourth Park Manor, in the City of Gary, as per plat thereof, recorded in Plat Book 33, Page 7, in the Office of the Recorder of Lake County, Indiana 46407. Key No. 25-46-0586-0014.



The tax mailing address is 2024 Madison St., Gary, IN 46407

99086877

In Witness Whereof, The said Bernice Brandon and Carl Brandon

has hereunto set their hands and seal, this 20th day of October

Bernice Brandon (Seal) Carl Brandon (Seal)
Bernice Brandon Carl Brandon

MORRIS W. CARTER
RECORDER

99 OCT 21 AM 11:25
LAKE COUNTY
FILED FOR REC'D
STATE OF INDIANA

STATE OF INDIANA, Lake COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this

20th day of October, 1999, came

John Henry Hall, Notary Public, State of Indiana, Lake County, Commission Expires 03/12/00, Bernice Brandon and Carl Brandon

executed, sign, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires March 12, 1999

Dr. John Henry Hall, Atty.

Dr. John Henry Hall, Atty. Notary Public

This instrument prepared by: Lake County of Residence
1937 Madison St., Gary, IN 46407, Tel. 219 883-7711 FAX 219 883-1006

QUIT-CLAIM DEED

FROM
Bernice Brandon

Carl Brandon

TO
Carl Brandon

Angela O. Brandon
Tenants by Entireties

(Husband and Wife)

Received for record this

day of _____, 19____

at _____ o'clock _____ M., and

Recorded in Book No. _____ page _____

Recorder _____ County.

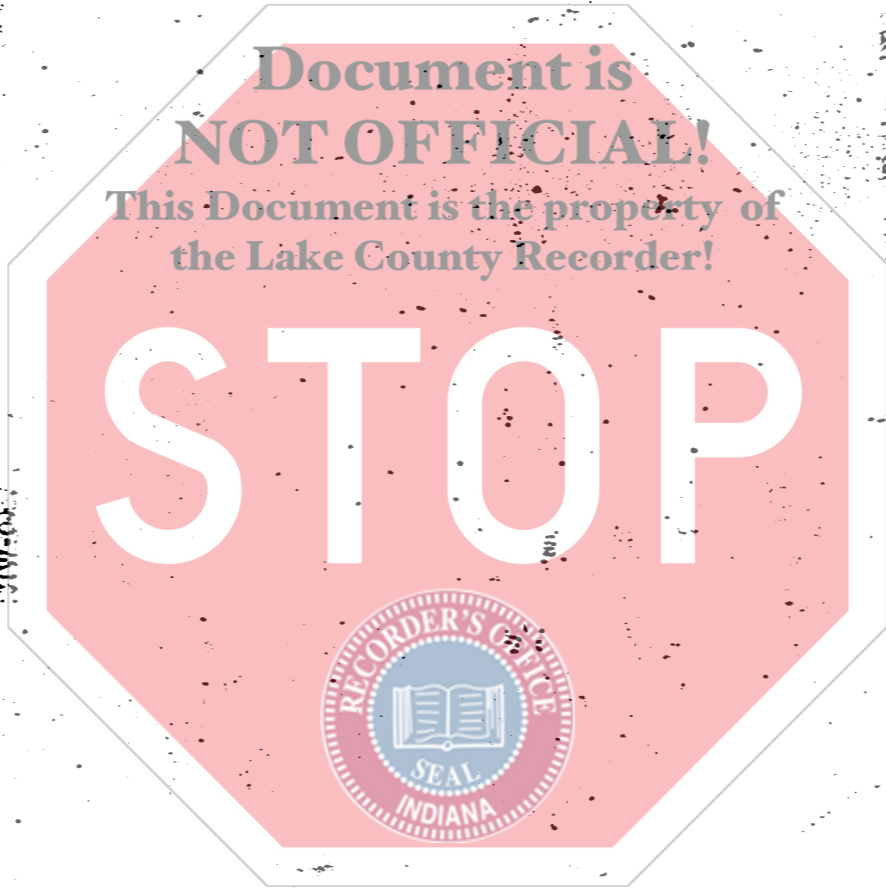
Duly entered for taxation this

day of _____, 19____

Auditor's fee \$ _____

Auditor _____ County.

CERTIFIED I.R.C.V. FORM 88, INC. 200 FOR 22 FORT LAUDERDALE BEACH, FL 33408



STATE OF INDIANA

(Seal)

COUNTY

(Seal)