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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99 OCT 25 PM 1:14  
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

MORRIS W. CARTER  
RECORDER

OCT 25 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

A298-10  
R298-04

### QUITCLAIM DEED

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

by first party, Grantor, Barbara R. Hill, Formally Known As Barbara R. Lizotte

whose post office address is

1009 West 42nd Avenue  
Hobart, Indiana 46342

to second party, Grantee,

Barbara R. Hill

whose post office address is

Document is  
NOT OFFICIAL!  
This Document is the property of  
the Lake County Recorder!

WITNESSETH, That the said first party, for good consideration and for the sum of  
One Dollars (\$1.00 ) 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:

Lot 5 in block 2 in Villa Shores Addition to the City  
of Hobart, as per plat thereof, recorded in plat book  
29 page 53, in the office of the recorder of Lake  
County, Indiana

AFHH (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.

001632



12.00  
e.p.  
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

Print name of Witness

Signature of Witness

Print name of Witness

*Barbara R. Hill formally known as Barbara R. Lizotte*

Signature of First Party

Barbara R. Hill Formally Known As  
Barbara R. Lizotte

Print name of First Party

Signature of First Party

Print name of First Party

State of INDIANA  
County of LAKE

On 22 OCTOBER 1999

before me,

appeared BARBARA R. HILL FORMERLY KNOWN AS BARBARA R. LIZOTTE

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.

*Lisa M. Anserello*  
Signature of Notary

**Lisa M. Anserello**  
Notary Public, State of Indiana  
Porter County  
My Commission Exp. 08/12/2000

Affiant  Known  Produced ID  
Type of ID \_\_\_\_\_

(Seal)

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

before me,

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.