

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD

2000 008203

2000 FEB -4 AM 9:26

RECORDER CENTER
THE RECORD

A298-10
R298-04

QUITCLAIM DEED

**Document is
NOT OFFICIAL!**

THIS QUITCLAIM DEED, Executed this 7th day of June, 1994 (year),

by first party, Grantor, **SOPHIE HARLOW**

whose post office address is **HAMMOND, INDIANA**

to second party, Grantee, **DENNIS HARLOW (son)**

whose post office address is **5111 E 1200 N DEMOTTE, INDIANA**

WITNESSETH, That the said first party, for good consideration and for the sum of **TWENTY-FIVE DOLLARS** Dollars (\$ 25.00) 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:

CITY OF HAMMOND

FOREST VIEW LOT 14

(key #26-33-113-15)

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

FEB 03 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00356

**SOPHIE HARLOW HAS FULL RIGHTS TO RESIDE IN HOME
UNTIL HER HEALTH CAUSES HER TO BE PLACED ELSE WHERE
OR UPON HER DEATH.**

CK# 6265
16.00
SM

Ruman, Clements, Tobin & Holub 5261 Hoffman Ave.
Hammond, In 46320

(Revised 3/98)

25x10

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

Sophie Harlow
Signature of First Party

Print name of Witness

SOPHIE HARLOW
Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

Document is NOT OFFICIAL!

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State of INDIANA
County of NEWTON

On JUNE 7, 1994 before me, FAIRY K. WANN, NOTARY PUBLIC
appeared SOPHIE HARLOW

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.

Fairy K. Wann
Signature of Notary

Signature of Notary

FAIRY K. WANN

MY COMMISSION EXPIRES AUGUST 11, 1997

State of

County of

On

before me,

appeared

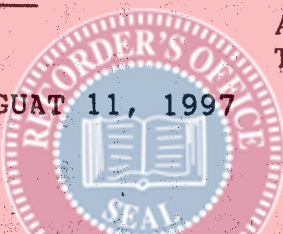
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WITNESS my hand and official seal.

Signature of Notary

Affiant Known Produced ID
Type of ID _____

(Seal)



Affiant Known Produced ID
Type of ID _____

(Seal)

CHARLES WANN
Signature of Preparer

Print Name of Preparer

THAYER, INDIANA 46381

Address of Preparer