

2000 019610

2000 MAR 22 PM 12:14

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

MAR 22 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

A298-10
R298-04

QUITCLAIM DEED

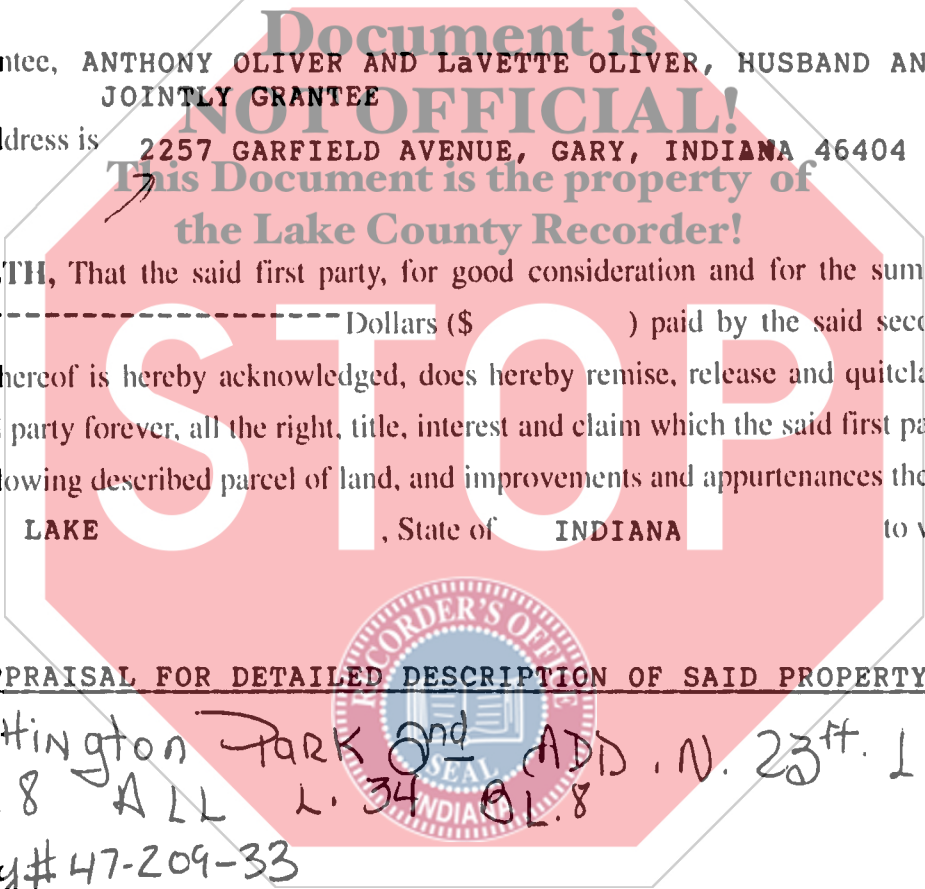
THIS QUITCLAIM DEED, Executed this 1 day of DECEMBER, 1999 (year),

by first party, Grantor, MR. CLYDE MCFALL

whose post office address is 700 EAST 21st AVENUE, GARY, INDIANA 46409

to second party, Grantee, ANTHONY OLIVER AND LAVETTE OLIVER, HUSBAND AND WIFE
JOINTLY GRANTEE

whose post office address is 2257 GARFIELD AVENUE, GARY, INDIANA 46404



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:

SEE APPRAISAL FOR DETAILED DESCRIPTION OF SAID PROPERTY

Washington Park and ADD. N. 23^{ft.} L. 33
BL. 8 ALL L. 34 BL. 8

Key# 47-209-33

SUBJECT TO THE FOLLOWING:

1. Taxes and assessments;
2. Terms, covenants, easements and restrictions;
3. Highways and legal rights-of-way;



16. CC
87
CS

11505

25 x 17

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:

Jill A Jackson
Signature of Witness

Clyde McFall
Signature of First Party

JILL A. JACKSON
Print name of Witness

CLYDE McFALL
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 12-1-1999 before me,

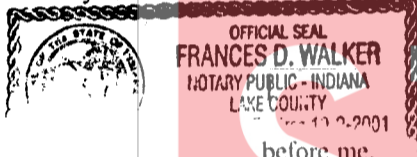
appeared Clyde McFall

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.

Frances D. Walker
Signature of Notary FRANCES D. WALKER

Affiant _____ Known _____ Produced ID _____
Type of ID _____



State of _____
County of _____

On _____ before me,

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 _____



JILL A. JACKSON
Signature of Preparer Jill A Jackson

JILL A. JACKSON: PARALEGAL
Print Name of Preparer

3548 BUCHANAN ST. GARY IN 46407
Address of Preparer (219)884-0474

(2)

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