

QUIT-CLAIM DEED

This Indenture Witnesseth, That Sittie S. Butts

of Lake County, in the State of Indiana

Release and Quit-Claim to Sittie S. Butts and Leroy E. Kelly, Joint Tenants with Rights of Survivorship

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

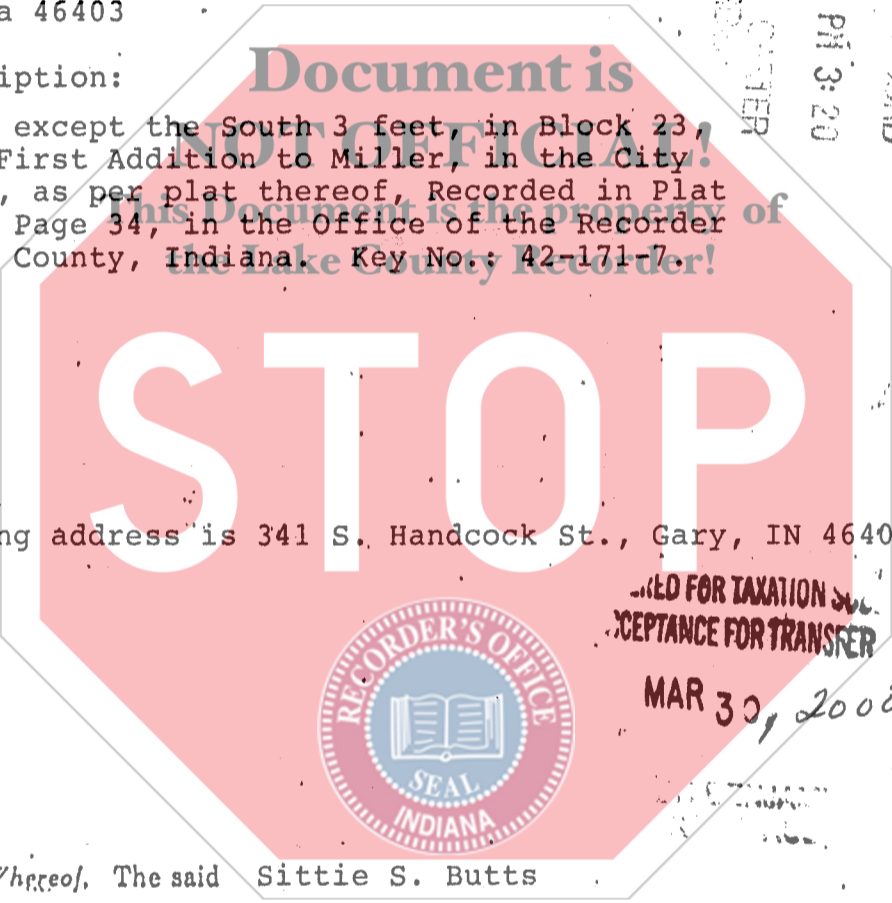
and other valuable consideration, the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County, Indiana, to-wit: 341 S. Hancock Street, Gary, Indiana 46403

Legal Description:

Lot 19, except the South 3 feet, in Block 23, Daly's First Addition to Miller, in the City of Gary, as per plat thereof, Recorded in Plat Book 5, Page 34, in the Office of the Recorder of Lake County, Indiana. Key No: 42-171-7

2000 02 19 54

RECORDED
MAR 29 PM 3:20
FILED
STATE OF INDIANA
LAKE COUNTY
RECORD



The Tax mailing address is 341 S. Hancock St., Gary, IN 46403.

PAID FOR TAXATION
ACCEPTANCE FOR TRANSFER
MAR 30, 2000



In Witness Whereof, The said Sittie S. Butts

have hereunto set her hand and seal; this 19th day of February, 2000

(Seal) Sittie S. Butts (Seal)
Sittie S. Butts.
(Seal) _____ (Seal)
(Seal) _____ (Seal)

STATE OF INDIANA, Lake COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this 19th day of February, 19, came SITTIE S. BUTTS 00475

Executed signed, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.

My Commission expires March 12, 2000
Atty. John Henry Hall, Ed.D. Atty. John Henry Hall, Ed.D. Notary Public
This instrument prepared by: _____ County of Residence
1937 Madison Street, Gary, IN 46407, Tel. 219 883-7711; FAX 883-1006

Handwritten initials and 'CASH' at bottom right.

QUIT-CLAIM DEED

FROM

Sittie S. Butts

TO

Sittie S. Butts and
Leroy E. Kelly, as Joint
Tenants with Rights of
Survivorship

Received for record this

day of _____, 19____

at _____ o'clock _____ M., and

Recorded in Book No. _____ page _____

Recorder _____ County.

Duly entered for taxation this

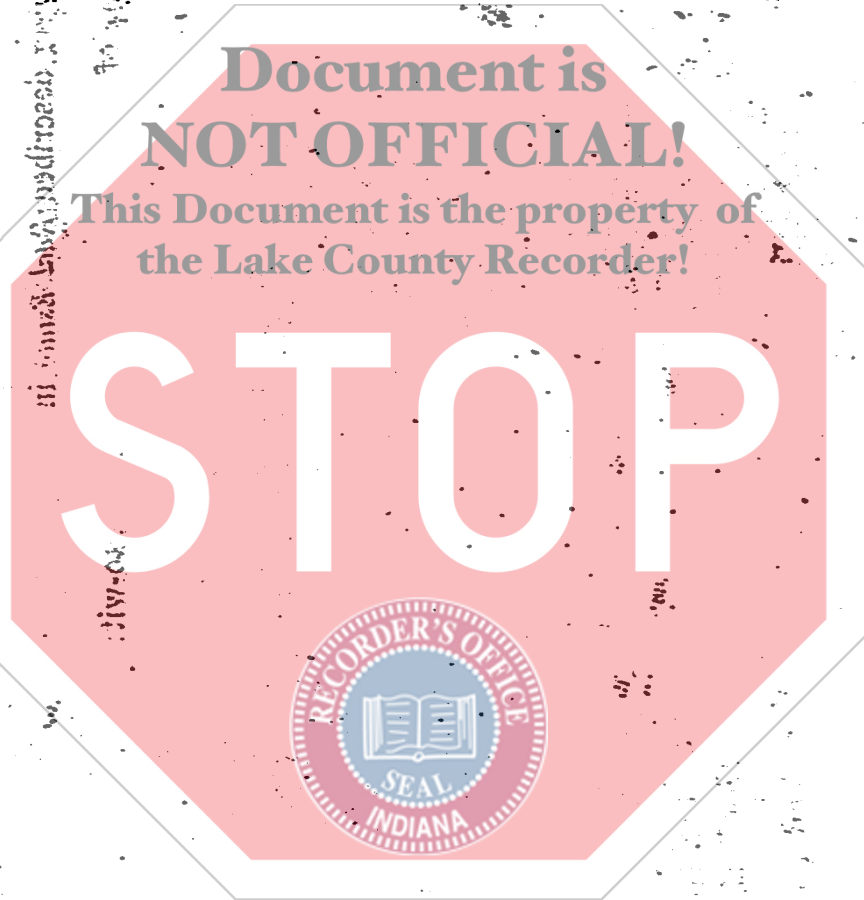
day of _____, 19____

Auditor's fee \$ _____

Auditor _____ County.

CERTIFIED I.S.M. FORMS, INC. P.O. BOX 32, FORTLAUDERDALE BEACH, FL. 33408

Form No. 103



STATE OF INDIANA

(357)

COURT

NOT OFFICIAL