γ

STATE OF INDIANA LAKE COUNTY FILED FOR BECORD

2000 028773

2000 AFR 28 PH 12: 02

MORRIS W. CARTER RECORDER

A298-10 R298-04

QUITCLAIM DEED

to second party, Grantee, whose post office address is 835 N Indiana St. G. 13-15-9,9 (ye whose post office address is 835 N Indiana St. G. 13-11 The July 46319

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ 17,500 °) 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 thereto in the County of Ake , State of State of

Thiel's Black Dak L. 34 BK. 1 N 1/2 L. 33 BI.

49-360-34

ANHE STEPED FOR TAXATION SUBJECT TO BLAY ENTERED FOR TAXATION SUBJECT TO BHAY ACCEPTANCE FOR TRANSFER

Rev. 6/98

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

APR 2 8 2000

PETER BENJAMIN LAKE COUNTY AUDITOR



16.00 16.00

プ

© E-Z Legal Forms. Before you use this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. E-Z Legal Forms and the retailer make no representation or warranty, express or implied, with respect to the merchantability of this form for an intended use or purpose.

| is/are subscribed to the w | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | knowledged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), or the |
|---|--|--|
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which WITNESS my hand and off | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | AffiantKnownProduced ID Type of ID Signature of Preparer |
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which WITNESS my hand and off | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | AffiantKnownProduced ID Type of ID |
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which WITNESS my hand and off | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | AffiantKnownProduced ID Type of ID |
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which WITNESS my hand and off | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | knowledged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), or the uted the instrument. |
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | knowledged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), or the |
| appeared personally known to me (or is/are subscribed to the w his/her/their authorized cap entity upon behalf of which | within instrument and ac pacity(ies), and that by his the person(s) acted, exect | knowledged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), or the |
| appeared personally known to me (or is/are subscribed to the w | within instrume <mark>nt and ac</mark> | knowledged to me that he/she/they executed the same in |
| appeared personally known to me (or | | |
| appeared | | is of satisfactory evidence) to be the person(s) whose name(s) |
| UN . | | E ROEKS OF THE |
| • | before me, | |
| County of MY CO | MMISSION EXP. AUG. 10,20 | 06 |
| | LAKE COUNTY | (Scal) |
| AWW ADS | JOAN RICCIARDI LY PUBLIC STATE OF INDIAN | Type of ID |
| ignature of Notary | | Affiant Known Produced ID |
| ADm Kico | cardi | |
| O' | | |
| WITNESS my hand and offi | icial seal. | |
| ntity upon behalf of which | | ited the instrument. |
| | | /her/their signature(s) on the instrument the person(s), or the |
| s/are subscribed to the w | vithin instrument and ac | knowledged to me that he/she/they executed the same in |
| ersonally known to me (or | | is of satisfactory evidence) to be the person(s) whose name(s) |
| ppeared | 1110 | JI OFFICIAL: |
| On | before me, | TOFFICIAL |
| County of | ' / | Document 15 |
| State of | } | Document is |
| | / | |
| Print name of Witness | | Print name of First Party |
| | | |
| Signature of Witness | | Signature of First Party |
| | | |
| Print name of Witness | | Print name of First Party |
| | | Lenora F. Frey |
| | | Victor To |
| | | Signature of First Party o (1) & Yma y |
| Signature of Witness | | ~ 1000 M $_{\odot}$ |
| Signature of Witness | | Yours & Falli Pall |
| Signature of Witness | | Jane 7 7 Aug Pal |
| oritten. Signed, sealed and constitutions of Witness | delivered in presence of: | Victor R. Wayman |

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