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2010 JUN 21 AN 10: 09

MORRIS W. CARTER RECORDER

A298-10 R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 3rd day of May

(year), 2000

by first party, Grantor, George W. Miles

whose post office address is

663 - 119th Street, Whiting, IN 46394

to second party, Grantee,

James F. Sandrick & Norma D. Sandrick

whose post office address is 1700 LaPorte Avenue, Whiti

This Document is the property of

the Lake County Recorder!

WITNESSETH, That the said first party, for good consideration and for the sum of FORTY THOUSAND

Dollars (\$40,000.00) 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 thereto in the County of

Lake

, State of Indiana

to wit:

The West 50 feet of Lot 9 in Block 4 in Forsyth Water Gardens Addition to Hammond, as per plat thereof, recorded in Plat Book 14 page 19, in the Office of the Recorder of Lake County, Indiana.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 2 1 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

(1)

Rev. 6/98

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

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	EOF, The said first party has signed and delivered in presence of:	ed and sealed these presents the day and year first above
me o	m Miles	Lens W. Mily
Signature of Witness	on orices	Signature of First Party
MASARY	M. MILES	GEORGE W- MILES Print name of First Party
Ma Da A	m. Miles	
Signature of Witness		Signature of First Party JAMES F SANDRICK NORMA
Print name of Witness	M. MILES	Print name of First Party
Time name of Winess		rine mane or rust raty
State of Indian County of Lake On May 3, 2000	before me, Lisa	2. Heredia
uppeared GEORGE	W. MILES, JAMES	F. SANDRICK, * NORMA D. DANDRIC
is/are subscribed to the v	within instrument and acknowledge	satisfactory evidence) to be the person(s) whose name(s) d to me that he/she/they executed the same in his/her/their
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State of County of		
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WITNESS my hand and	Pofficial seal.	
Jignature of Notary	EII.	AffiantKnownProduced ID Type of ID
		(Seal)
		Signature of Preparer
		Print Name of Preparer
		Address of Preparer
	(2)	

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