DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

2000 044981

2000 JUN 26 PN 4: 25

JUN 26 2000

MORRIS W. CALTER

PETER BENJAMIN LAKE COUNTY AUDITOR

R298-04

## **QUITCLAIM DEED**

THIS QUITCLAIM DEED, Executed this 23rd day of

2000 (year),

by first party, Grantor, Yolanda Graham

whose post office address is

to second party, Grantee,

whose post office address is

WITNESSETH, That the said first party, for good consideration and for the sum of ) paid by the said second Dollars (\$ 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-State of Indiana to in the County of

Legal Description: Gary Land Company's 4th Sub South 10 Feet

Lot 7 Block 4 All Lot 8 Block 4

831 GARFIELD STREET, GARY, LAKE COUNTY, INDIANA MORE COMMONLY KNOWN AS:

TAX MAILING ADDRESS IS 831 GARFIELD STREET, GARY, IN 46402

Rev. 4/99

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



IN WITNESS WHEREOF, The said first party has sign written. Signed, sealed and delivered in presence of:	ned and sealed these presents the day and year first above
Atta B. Burnett Signature of Witness  Etta B. Burnett	Signature of First Party  YOLANDA Graham  Print name of First Party
Signature of Witness	Signature of First Party
BT+AB BURNETT	YOLANDA Graham
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
State of INDIANA	
is/are subscribed to the within instrument and acknowledge	satisfactory evidence) to be the person(s) whose name(s) ed to me that he/she/they executed the same in his/her/their re(s) on the instrument the person(s), or the entity upon
H & Russell	
Signature of Notary	Affiant Known Produced ID Type of ID  (Seal)
is/are subscribed to the within instrument and acknowledge authorized capacity(ies), and that by his/her/their signatus behalf of which the person(s) acted, executed the instrume WITNESS my hand and official seal.	KER satisfactory evidence) to be the person(s) whose name(s) ed to me that he/she/they executed the same in his/her/their tre(s) on the instrument the person(s), or the entity upon ent.
Signature of Notary	Affiant Known Produced ID
Etta B. Burnett  Notary Public, State of Indiana  Lake County  My Commission Exp. 11/23/2000	Type of ID  Signature of Preparer  F+19 Bunve++  Print Name of Preparer  2608 Penny S+  Address of Preparer
(2	)

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