2000 046110

FALSO 20 14 **2:01**

MONUS MUCHURA RECORDAR

A298-10 R298-04

QUITCLAIM DEED

to second party, Grantee, Georgidean Adams (Reserve Life Estate) Alene Kay Ott whose post office address is 7250 Arthur Blvd. Apt. #112

whose post office address is 7250 Arthur Blvd. Reserve Life Estate) Alene Kay Ott whose post office address is 7250 Arthur Blvd. Apt. 112

whose post office address is 7250 Arthur Blvd. Apt. 112

Merrillville, Indiana 46410

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 thereto in the County of State of to wit:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 2 9 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

AQAA (1)

Rev. 4/99

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

Meadowland Estates Unit No.3 ALL L6 BL.Q 5477 Van Buren Street Merrillville, Indiana 46010



16 % S 32320 S

written. Signed, sealed and delivered in pres	party has signed and sealed these presents the day and year first above sence of:
	X Jan De (All)
Signature of Witness	Signature of First Party
	Signature of First Party X GEORGIOEAN ROAMS Print name of First Party
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	
On 29- June 2000 before in	ne, Lows e P Cache on s o cument 18 in the basis of satisfactory evidence) to be the person (s) whose name(s)
appeared George Dead ADA	asocument is
personally known to me (or proved to me o	on the basis of satisfactory evidence) to be the person (s) whose name (s) of acknowledged to me that he/she/they executed the some in his derivation of the instrument the person (s) whose name (s) of the instrument the person (s) whose name (s) of the instrument the person (s) whose name (s) of the instrument the person (s) whose name (s) of the instrument is the property of the instrument. Is the property of the person (s) whose name (s) of the instrument is the property of the instrument. Is the property of the person (s) whose name (s) of the instrument is the property of the instrument the person (s) whose name (s) of the instrument is the property of the instrument the person (s) whose name (s) of the instrument is the property of the instrument the person (s) whose name (s) of the instrument the person (s) whose name (s) of the instrument the person (s) of the instrument the instrument the instrument the person (s) of the instrument the instrument the instrument the in
stare subscribed to the within instrument and	d acknowledged to me that he/she/they executed the same in his der/their
schalf of which the person(s) acted execute	r/their signature(s) on the instrument the persons, of the child upon
WITNESS my hand and official seal.	the instrument is the property the country will be
the	Lake County Recognition Continuent
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Asparet Carle	- Callelle
Signature of Notary	Affiant Produced II
	Type of ID
	(Seal
State of	
County of	
On before m	ne,
appeared	on the basis of satisfactory evidence) to be the person(s) whose name(s
	d acknowledged to me that he/she/they executed the same in his/her/thei
	er/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, execute	
WITNESS my hand and official scal.	
	JEAD LESS
Signature of Notary	AffiantKnownProduced ID
Signature of Polary	
	Type of ID
	(Seal
	Signature of Preparer
	D. L. M. C. D.
	Print Name of Preparer
	Address of Preparer
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If your state requires 8 1/2" v 1	11" forms, cut off the bottom of this page at the dotted line.



Officia	Stamp

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name	Georgidean Adams
Address	7250 Arthur Blvd., Apt 112
City StZip	Merrillville Indiana 46410
Telephone	756-5209
Signature Printed	Georgidean Adams
	Georgidean Johans
Date of Signature	June 29, 2000
Check Number	<i>V</i>
Check Amount	or \$1600 cs

Office Use Only

Check Equals Amount Due	☐Yes ☐No
Total	•
Initials	