STATE OF THE STATE OF STATE OF

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A 298-10 R 298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 27 day of July

T. J. Conley

,200 (year),

by first party, Grantor,

whose post office address is

To Those post office address is

to second party, Grantee,

is Document is the property of

whose post office address is 3378 Viegovi A Street Recorder!

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ /.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 Lichara to wit:

Lot 12, Black 2, Polonia Realty Company's,

First Addition in the City of Gary, Aspen

Plat Book 16, Pg. 13, in the office of the recorder,

IN Lake County, Ind.

Tax Unit #25 Kzy #46-379-12

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Rev. 4/99

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written. Signed, sealed and delivered in presence of: Signature of Witness Print name of Witness Signature of Witness Print name of Witness State of INDIANA before me, binahlynn Biggs County of Lake On 7-18 Charles personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. is Document is the property of Lake County Recorder! Affiant ____Known_X_Produced ID Signature of Notary Type of ID_ (Seal) State of Indiana County of Lake before me, appeared 🗶 / personally known to me (or prove to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. _Produced ID **Affiant** Type of ID (Seal) Signature of Preparer Print Name of Preparer

IN WITNESS WHEREOF, The said first party has signed and scaled these presents the day and year first above

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

Address of Preparer