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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 058143

2000 AUG 15 AM 9:11

MORRIS W. CARTER
RECORDER

A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 11 day of JULY, 2000 (year),

by first party, Grantor,

VIRGINIA SEWOOD MCCOY

whose post office address is

744 TYLER STREET GARY, INDIANA 46402

to second party, Grantee,

SETTIE S. BUTT

whose post office address is

341 SOUTH HANCOCK GARY, IN 46403

WITNESSETH, That the said first party, for good consideration and for the sum of
TEN Dollars (\$ 10.00) 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 there-
to in the County of LAKE, State of INDIANA to wit:

655 PIERCE STREET, GARY, INDIANA 46402

KEY NUMBER 25-44-0125-18

GARY LAND CO'S 2ND SUB.S2. L.14 BL.6

ALL LT.15 BL.6

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 15 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

AQAA (1)

Rev. 4/99

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DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 11 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR



003
1600
CS
086

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

[Signature]
Signature of Witness

Virginia McCoy-Seward
Signature of First Party

Print name of Witness

Print name of First Party

Signature of Witness

Sittie S. Butts 8/10/2000
Signature of First Party

Print name of Witness

SITTIE S. BUTTS 8/10/2000
Print name of First Party

State of Indiana)
County of Lake

On _____ before me, Virginia Seward McCoy
appeared
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.

[Signature]
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____
(Seal)

State of _____)
County of _____
On _____
appeared

before me,
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.

Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

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.