

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 059993

2000 AUG 18 AM 11: 11

MORRIS W. CARTER
RECORDER

A298-10
R298-04

QUITCLAIM DEED

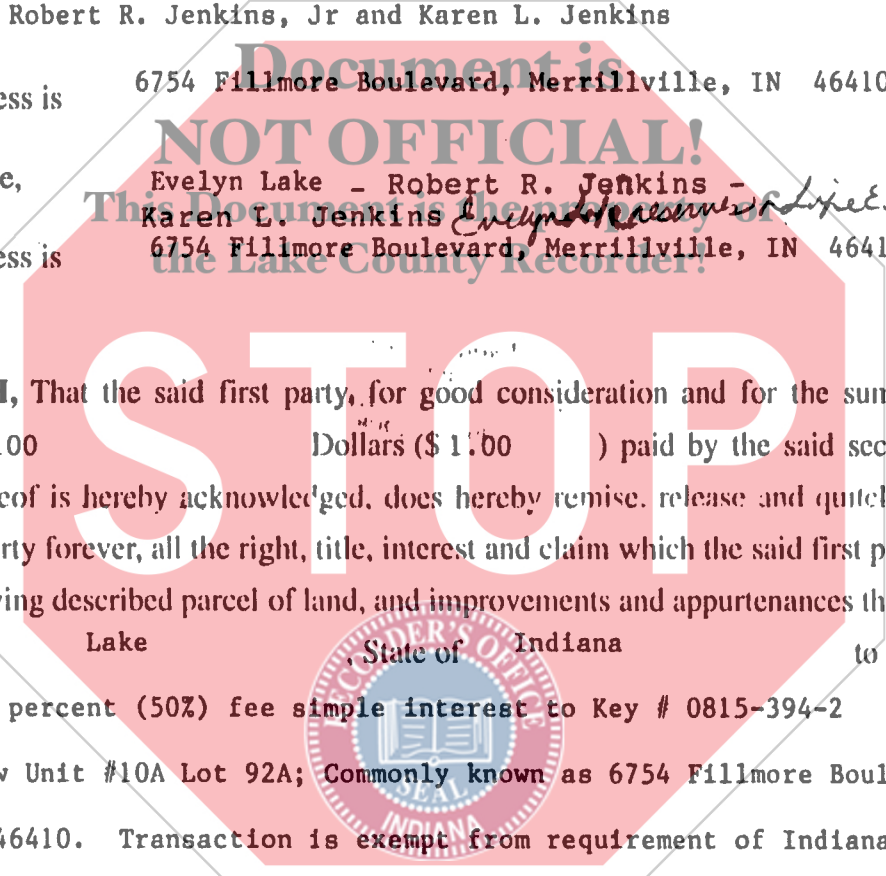
THIS QUITCLAIM DEED, Executed this 31 day of July, 2000 (year),

by first party, Grantor, Robert R. Jenkins, Jr and Karen L. Jenkins

whose post office address is 6754 Fillmore Boulevard, Merrillville, IN 46410

to second party, Grantee,

whose post office address is Evelyn Lake - Robert R. Jenkins -
Karen L. Jenkins - Evelyn Lake -
6754 Fillmore Boulevard, Merrillville, IN 46410



WITNESSETH, That the said first party, for good consideration and for the sum of One & 00/100 Dollars (\$ 1.00) 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:
An undivided fifty percent (50%) fee simple interest to Key # 0815-394-2
Turkey Creek Meadow Unit #10A Lot 92A; Commonly known as 6754 Fillmore Boulevard Merrillville, IN 46410. Transaction is exempt from requirement of Indiana Sales Disclosure Act by reason of exemption No. 7 Transfer for No consideration or Gift.

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.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 18 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01302

16.00
AC
C.S.



0 53926 20040 5

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:

J. Elaine Castellano
Signature of Witness

Robert R. Jenkins Jr.
Signature of First Party Robert R. Jenkins Jr.

J. Elaine Castellano
Print name of Witness

Karen L. Jenkins
Print name of First Party Karen L. Jenkins

Signature of Witness

Signature of First Party

Print name of Witness

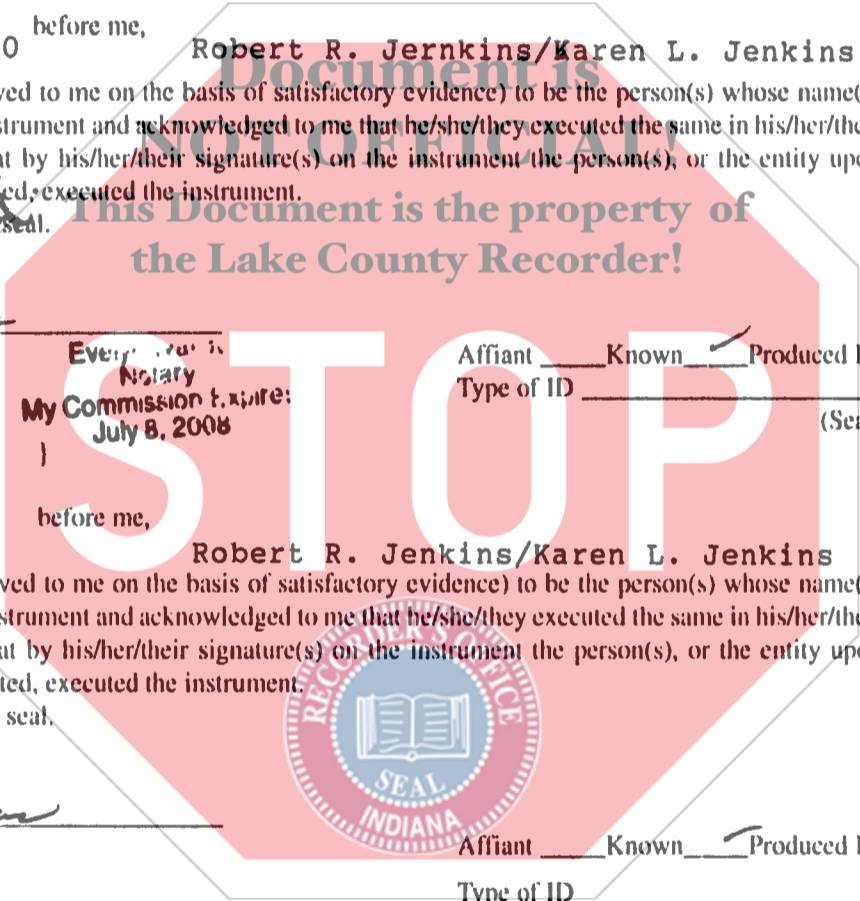
Print name of First Party

State of Indiana

County of _____

On Lake 7/31/00 before me,

Robert R. Jenkins/Karen L. Jenkins 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.



Evelyn Wallace
Signature of Notary

Evelyn Wallace
Notary
My Commission Expires: July 8, 2008

Affiant Known Produced ID
Type of ID _____ (Seal)

State of Indiana

County of _____

On Lake 7/31/00 before me,

Robert R. Jenkins/Karen L. Jenkins 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.

Evelyn Wallace
Signature of Notary

Affiant Known Produced ID
Type of ID _____ (Seal)

Evelyn Wallace
Signature of Preparer

Evelyn Wallace
Print Name of Preparer

749 Burr St.
Address of Preparer

Evelyn Wallace
Notary
My Commission Expires
July 8, 2008

(2)

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



Official Stamp

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RECORDER

**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 Evelyn Lake

Address 6759 Fillmore Blvd

City St Zip Merrillville, IN 46410

Telephone 219/736-1912

Signature Printed EVELYN LAKE

Signature Written Evelyn Lake

Date of Signature _____

Check Number _____

Check Amount \$ 16.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials ALC