

QUITCLAIM DEED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

THIS QUITCLAIM DEED, Executed this 15th day of August, 2000
2000 AUG 31 AM 11:50

by first party, Jason Eugene Smith
2000 063560

whose post office address is 4239 West 19th Place, Gary, Indiana

to second party, Lola Claudette Brokemond, AKA LOLA C. Brokemond, CN

whose post office address is 228 Mulberry Street, Jacksonville, Florida

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 thereto In the County of Lake, State of Indiana, to 'Wit:

Lot Number Sixteen (16) in Block Number (3), as marked and laid down on the recorded plat of Tarrytown First Subdivision in the City of Gary, Lake County, Indiana as the same appears of record in Plat Book 30, Page 13, in the Recorder's Office of Lake County, Indiana.

More commonly known as 4239 West 19th Place, Gary, Indiana.

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:

Rose Hardaway
Signature of Witness

Jason Smith
Signature of First Party

ROSE HARDAWAY
Print Name of Witness

Jason Smith
Print Name of First Party



AUG 31 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

State of Indiana } ss
County of Lake

On, August 24, 2000 before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, executed the instrument.

WITNESS my hand and official seal.

Jayne E. Gore
Signature of Notary

Affiant Known Produced ID
Type of ID Common 7157880
(Seal)

02506

15.00
AC
CS



Official Stamp

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MORRIS W. CARTER
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 Rose Hardaway

Address 4233 W. 19th PLACE

City St Zip BARY IN. 46409

Telephone 519 - 949 - 5444

Signature Printed Chareese Hardaway

Signature Written Chareese Hardaway

Date of Signature 8-31-2000

Check Number _____

Check Amount \$ 15.00 Cash

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials AC