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STATE OF INDIANA LAKE COUNTY FILED FOR PECCHD

2000 070247

2000 SEP 26 PH 12: 14

MORRIS W. CARTER RECORDER

A 298-10 R 298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this day of , (year),
by first party, Grantor, Patricia Kinard Alla Patricia R. Kinard P.K.
whose post office address is 4208 W 21st Pl.
to second party, Grantee, Patricia Hardaway
This Document is the property of
whose post office address is 960 Morton Street Recorder!

WITNESSETH, That the said first party, for good consideration and for the sum of Ten Collow. 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 LAKC. State of Indiana. to wit:

H225 W 19th PLACE
TARRY town First SubDivision
ALL L. 188 P.K. BL. 3. P.K.

Tax Mail 4233 W. 1942 PL GaRy, IN 4640401734

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 2 6 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

ABAA (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.



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and sealed these presents the day and year first above
Signature of First Party
Print name of First Party
Signature of First Party
Print name of First Party
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satisfactory evidence) to be the person(s) whose name(s) ed to me that he/she/they executed the same in his/her/their ure(s) on the instrument the person(s), or the entity upon ent.
inty Recorder!
Affiant Known Produced ID Type of ID DL
(Seal)
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Affiant Known Produced ID
Type of ID <u>b</u> (Seal)
Signature of Preparer
Print Name of Preparer
Address of Preparer
2) off the bottom of this page at the dotted line.



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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.

		the Lake County Recorder!
	Name	Kôse Hardaway
	Address	4033 W. 191= place
Ci	ity StZip	Bary . In. 46404
Te	elephone	219 949-5-444
Signatur	e Printed	Chareese Hardaway
Signature	e Written	Chreen Hardaway
Date of S	ignature	9-26-100
Check	Number	·
Check	Amount	CASh \$16.00

Office Use Only

Check Equals Amount Due	□Yes □No
Total	
Initials	Ae