STATE OF INDIANA LAKE COUNTY FILED FOR PERCORD

2000 080902

2000 NOV -6 AM 10: 17

MORRIS W. CARTER RECORDER

A298-10 R298-04

QUITCLAIM DEED

to second party, Grantee, Lessie Evans-Smith the property of whose post office address is 545 East 43rd Ave Gary, Indiana 46409

WITNESSETH, That the said first party, for good consideration and for the sum of 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 thereto in the County of Lake , State of Indiana to wit:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Legal Description:

Bungalow Heights L.5 BL.2

Parcel Number: 25-41-0234-0005

Commonly Known As: 545 East 43rd Ave Gary, Indian

PETER BENJAMIN LAKE COUNTY AUDITOR

00540

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.



	COF, The said first party has nd delivered in presence of:	s signed and sealed these presents the day and year first above
Swa Sith	mus	Level 2 Livet
Signature of Witness Lisa C. Th		KENNETH J. Smith
Print name of Witness	(mes	Print name of First Party
Signature of Witness		Signature of First Party
Print name of Witness .		Print name of First Party
State of Inliance	1	
County of Sake On November 475 appeared	before me,	ocument is
personally known to me is/are subscribed to the w authorized capacity(ies),	ithin instrument and acknow and that by his/her/their sig on(s) acted, executed the inst	sis of satisfactory evidence) to be the person(s) whose name(s) vledged to me that he/she/they executed the same in his/her/their gnature(s) on the instrument the person(s), or the entity upon trument. Recorder!
Signature of Notary	Standife	Affiant Known Produced ID
State of County of On November	before me,	Type of ID Drung Acenso (Seal)
is/are subscribed to the wanthorized capacity(ies),	vithin instrument and acknow and that by his/her/their signs on(s) acted, executed the inst	sis of satisfactory evidence) to be the person(s) whose name(s) wledged to me that he/she/they executed the same in his/her/their ignature(s) on the instrument the person(s), or the entity upon strument.
Hosie Ox	Standiles	Enn. MOIANA.
Signature of Notary		Affiant Known Produced ID
	ľ	Type of ID William (Seal)
		Signature of Preparer
		Print Name of Preparer
		Address of Preparer
		(2)
If your sta	te requires 8 1/2" x 11" forms,	s, cut off the bottom of this page at the dotted line.