

at: 415N. Ind. 46342 **QUIT-CLAIM DEED**

(2)

This Indenture Witnesseth, That **MARTY SPAIN**

of **LAKE** County, in the State of **INDIANA**

Release and Quit-Claim to **MARTY + Cheri SPAIN H+W**

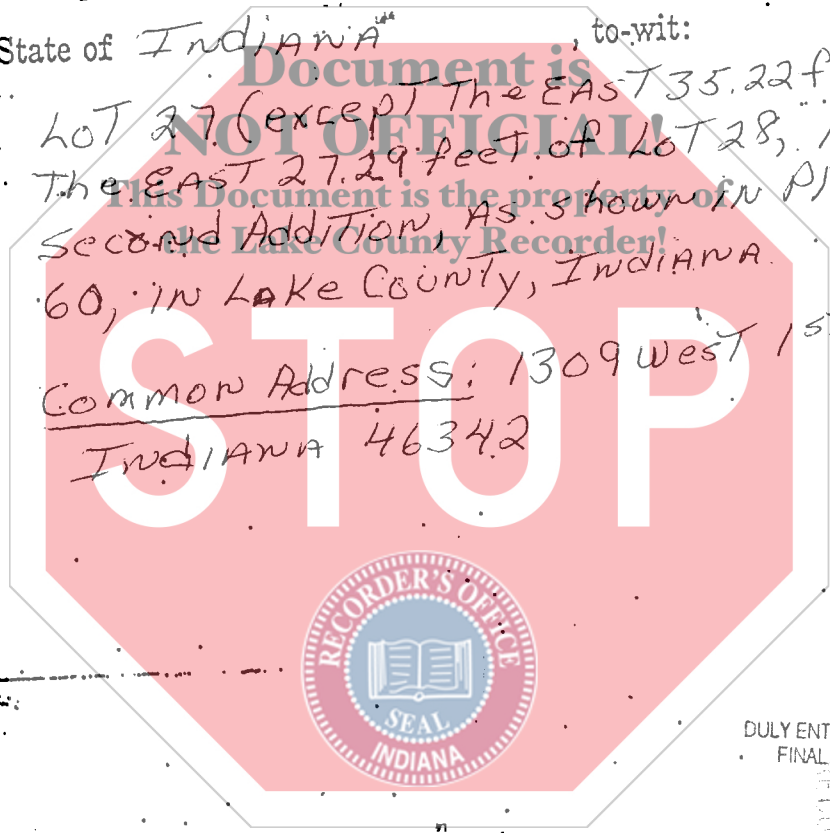
of **LAKE** County, in the State of **INDIANA**, for and in consideration of \_\_\_\_\_ Dollars,

and other valuable consideration, the receipt whereof is hereby acknowledged, the following described Real Estate in **LAKE** County

in the State of **INDIANA**, to-wit:

**LOT 27 (except the EAST 35.22 feet thereof) AND the EAST 27.29 feet of LOT 28, HOBART PARK Second Addition, as shown in PLAT BOOK 28, PAGE 60, in LAKE County, INDIANA.**

**Common Address: 1309 West 1st Place Hobart, INDIANA 46342**



2002005232

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JAN 15 2002

PETEL... LAKE COUNTY AUDITOR

In Witness Whereof; The said

ha hereunto set hand and seal, this **7th** day of **JANUARY** **2002**

**Marty Spain** (Seal) \_\_\_\_\_ (Seal)

**Cheri Spain** (Seal) \_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)

STATE OF INDIANA,

COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, **200211** **7th** day of **January** **2002**, came

, and acknowledged the execution of the foregoing instrumen

Witness my hand and official seal.

My Commission expires **1-24-2008**

**June Dobby** Notary Publ **15.00 CS**

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) ROSEBERRY, RACHEL ANN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNG		3. SOCIAL SECURITY NO. 314   90   0391					
4.a GRADE, RATE, OR RANK PV1	4.b PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19830711		6. RESERVE OBLIG. TERM. DATE Year 2008   Month 08   Day 15					
7.a PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 6412 OHIO AVENUE HAMMOND, IN 46323-0000							
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W1D5 CO W TR TC		8.b STATION WHERE SEPARATED FORT LEE, VA 23801							
9. COMMAND TO WHICH TRANSFERRED HHC 113TH ENGR BN, 2501 EAST 15TH AVENUE, GARY, IN 46402				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 92A10 00 AUTOMATED LOGISTICAL SPECIALIST--0 YRS-3 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date entered AD This Period		2001	07	08			
		b. Separation Date This Period		2001	12	11			
		c. Net Active Service This Period		0000	05	04			
		d. Total Prior Active Service		0000	00	00			
		e. Total Prior Inactive Service		0000	10	22			
		f. Foreign Service		0000	00	00			
		g. Sea Service		0000	00	00			
		h. Effective Date of Pay Grade		2000	08	16			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS									
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) AUTOMATED LOGISTICAL SPECIALIST, 12 WEEKS, DEC 2001//NOTHING FOLLOWS									
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID 13.0	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						Yes	<input checked="" type="checkbox"/>	No	
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS						<p>1/15/2002 Book Page Instrument Number 2002-005233 ROSEBERRY RACHEL ANN Filed in the State of Indiana County of Lake By Recorder MORRIS W. CARTER</p>			
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6412 OHIO AVENUE HAMMOND, IN 46323-0000				19.b NEAREST RELATIVE (Name and address - include Zip Code) LISA S MASSEY 6412 OHIO AVENUE HAMMOND, IN 46323-0000					
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Rachel Roseberry</i>				22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>Earnestine M. Mallory</i> EARNESTINE M. MALLORY, ASST RET SVCS OFFICER					

DD Form 214-AUTOMATED, NOV 88

Previous editions are obsolete.

MEMBER/ 1

N.C.

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		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		16. DAYS ACCRUED LEAVE PAID 13.0	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
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20. MEMBER REQUESTS COPY 8 BE SENT TO IN DIR OF VET. AFFAIRS			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Rachel Roseberry</i>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>Ernestine M. Mallory</i> ERNESTINE M. MALLORY, ASST RET SVCS OFFICER		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			30. MEMBER REQUESTS COPY 4 <i>RL</i> Initials