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Att Kevin

LF298-04

2002 009220

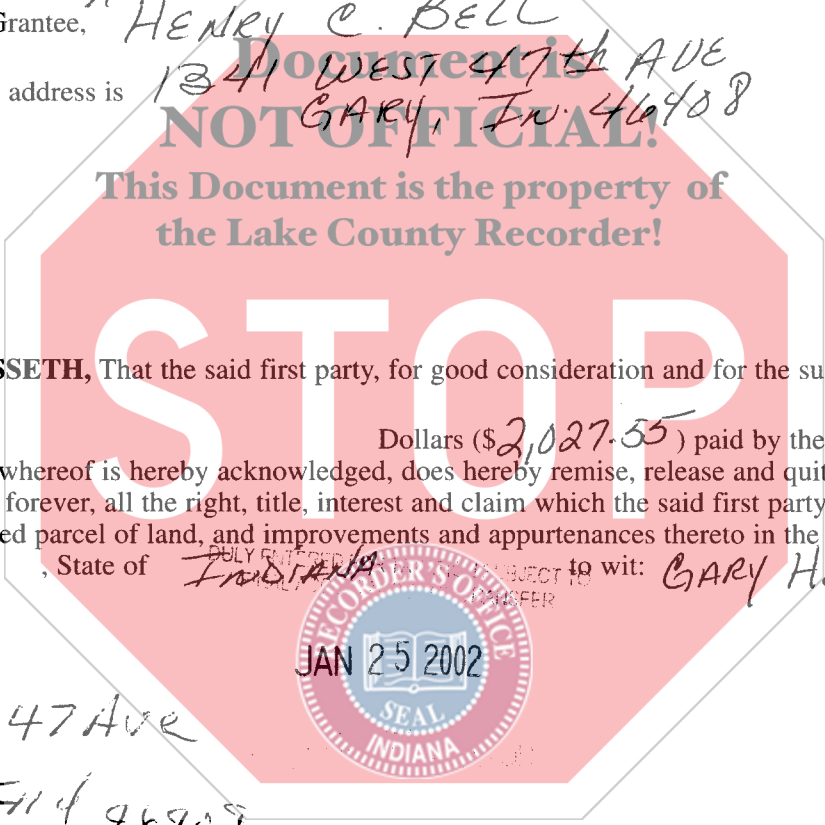
STATE OF INDIANA  
LAKE COUNTY  
FILED

2002 JAN 25 10:28:52

### QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 20<sup>th</sup> day of September (year), 2001

by first party, Grantor, BRIEDONNA P. WOODS  
whose post office address is 4201 WEST 75<sup>th</sup> PLACE  
MERRILLVILLE, IN. 46410  
to second party, Grantee, HENRY C. BELL  
whose post office address is 1341 WEST 47<sup>th</sup> AVE  
GARY, IN. 46408



WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$2,027.55) 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 SUBJECT TO: GARY HEIGHTS L.33 BL.5

1341 W 47 Ave  
GARY IN 46408

001651

16.00  
AC  
CS

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:

Marcia J. Clark  
Signature of Witness

Brianna P. Woods  
Signature of First Party

MARCIA J. CLARK  
Print name of Witness

Brianna P. Woods  
Print name of First Party

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of First Party

\_\_\_\_\_  
Print name of Witness

\_\_\_\_\_  
Print name of First Party

State of INDIANA

County of LAKE

On Sept 20, 2001  
appeared

before me, Brianna P. Woods

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.

Hesie S. Stordife  
Signature of Notary

Affiant  Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_  
(Seal)

State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_  
appeared

before me,

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.

\_\_\_\_\_  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_  
(Seal)



\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Print Name of Preparer

\_\_\_\_\_  
Address of Preparer