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LF298-04 R298-04

## **QUITCLAIM DEED**

THIS QUITCLAIM DEED, executed this 329 ,2002. day of APRIL by first party, Grantor, BAKER TEMPLE C.O.G.I.C. whose post office address is 821 STEVENSON STREET, GARY, INDIANA 46406 to second party, Grantee, INSPIRATIONAL COMMUNITY CENTER MINISTRY INC. C.O.G.I.C. whose post office address is 805 STEVENSON STREET, GARY, INDIANA 46406

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$000.00 ZERO. 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 LAKETE Lake County State of denind I ANA

LEGAL DESCRIPTION:

the County of

CALDWELL'S 8TH ADD. L. 46 BL.7

PROPERTY NUMBER: 25-42-0016-004 7

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER MAY 132002 HETER BENJAMIN KE COUNTY AUDITOR

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Rev. 10/01
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**AKAB** 

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IN WITNESS WHEREOF, The said first party has s first above written. Signed sealed and delivered in pro-	igned and sealed these presents the day and year
Signed scaled and derivered in pro	esence of OD
Signature SVIII	BUSH
Signature of Witness	Signature of First Party
PATRICK WILLIAMS Print name of Witness	ELDER LOUIS C. BAKER
rint name of witness	Print name of First Party
Signature of Witness	Helin Death
Signature of Withess	Signature of First Party
Print name of Witness	HELEN SCOTT Print name of First Party
State of INDIANA County of LAKE On May 1, 2002 before me, Rende appeared Louis C. Baker & Helen 5 personally known to me (or proved to me on the basis on name(s) is/are subscribed to the within instrument and same in his/her/their authorized capacity(ies), and that person(s), or the entity upon behalf of which the person WITNESS my hand and official seal.	of satisfactory evidence) to be the person(s) whose acknowledged to me that he/she/they executed the
Signature of Notary my comm up 130109 OFF	Affiant Known Produced ID Type of ID Orivers License (Seal)
State of INDIANA County of LAKE On before me, appeared personally known to me (or proved to me on the basis on name(s) is/are subscribed to the within instrument and a same in his/her/their authorized capacity(ies), and that is person(s), or the entity upon behalf of which the person WITNESS my hand and official seal.	of satisfactory evidence) to be the person(s) whose acknowledged to me that he/she/they executed the
Signature of Notary	AffiantKnownProduced ID Type of ID(Seal)  Signature of Preparer  Print Name of Preparer  Address of Preparer

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