

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 101819

2002 NOV -7 PM 12:47

MORRIS W. CARTER
RECORDER

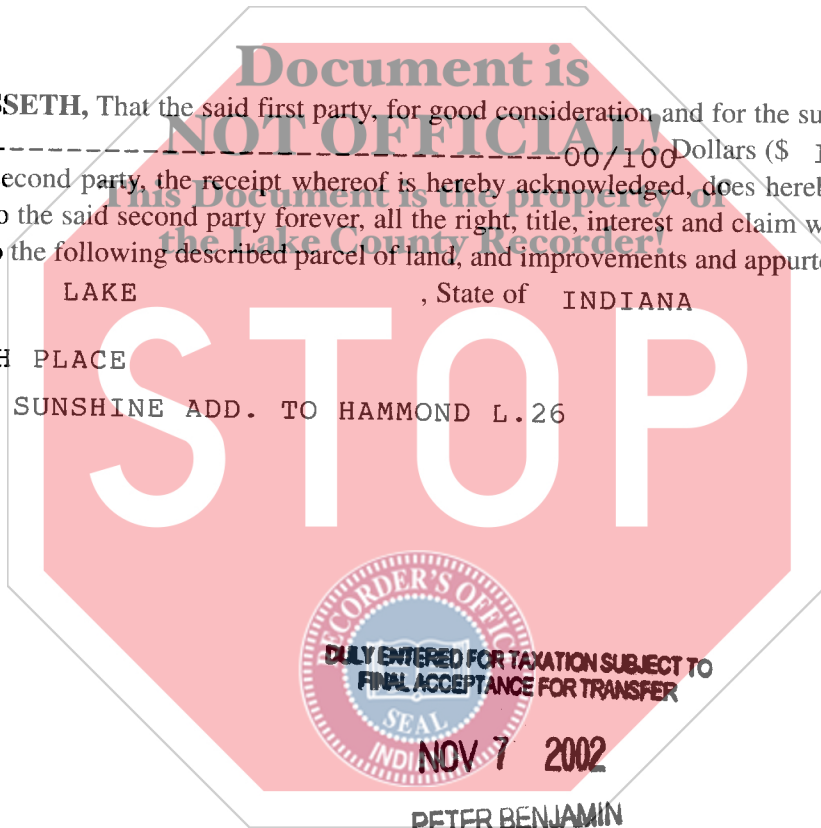
LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 07TH day of NOVEMBER, 20 02 ,
by first party, Grantor, DONNIA C. STARKEY
whose post office address is 3339-175TH PLACE, HAMMOND, IN 46323
to second party, Grantee, DONNIA C. STARKEY AND DENNIS W. STARKEY
whose post office address is 3339-175TH PLACE, HAMMOND, IN 46323

WITNESSETH, That the said first party, for good consideration and for the sum of
ONE -----00/100 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:

3339 175TH PLACE
RESUB. OF SUNSHINE ADD. TO HAMMOND L.26
BL.2



PETER BENJAMIN
LAKE COUNTY AUDITOR

16.00
LP
cash
000620

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:

Isabel Escobedo
Signature of Witness

ISABEL ESCOBEDO
Print name of Witness

Norma Beshick
Signature of Witness

NORMA BESHICK
Print name of Witness

Donnia C. Starkey
Signature of First Party

DONNIA C. STARKEY
Print name of First Party

Dennis W. Starkey
Signature of First Party

DENNIS W. STARKEY
Print name of First Party

State of INDIANA

County of LAKE

On 7TH DAY OF NOV 2002

before me, SHARON M. COMBS
appeared DONNIA C. STARKEY AND DENNIS W. STARKEY

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.

Sharon M. Combs
Signature of Notary

Document is NOT OFFICIAL
Affiant _____ Known _____ Produced ID _____
Type of ID DRIVERS License
(Seal)

State of INDIANA

County of LAKE

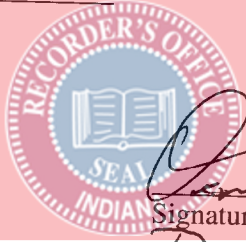
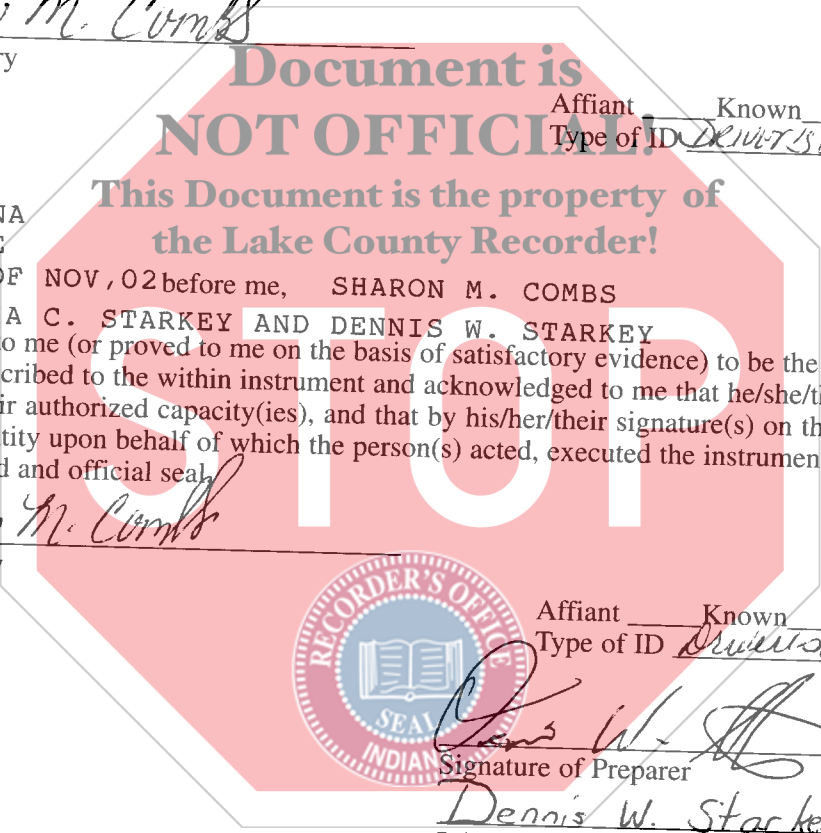
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Type of ID DRIVERS License
(Seal)

Dennis W. Starkey
Signature of Preparer

Dennis W. Starkey
Print Name of Preparer

3339-175th Place Hammond, In. 46323
Address of Preparer