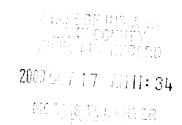
2003 112262



LF298-04 R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this , 20 by first party, Grantor, FKA JACKIE WALSH AND NEAL SABOFF whose post office address is 126 SEVITE, Ct Schererville IN. JACKIE SABOFF AND NEAL SABOFF HEW to second party, Grantee, whose post office address is 126 SEVILLE, Ct. Schenenville, IN, 46375 WITNESSETH, That the said first party, for good consideration and for the sum of

NOTOFFICIAL! Dollars (\$

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 NDIANA

LOT 24, Unit 3, IN CASA BELLA 2 NO ADDITION to THE TOWN OF SCHENERUILLE, AS BER PLAT THEOLOF,
PRECONDED IN PLAT BOOK 64, PAGE 24. IN THE OFFICE OF THE
RECURDER OF LAKE COUNTY INDIANA.

PULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

544 # 13-445-3.

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Page 1

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	A(A, A, B, A,
Signature of Witness	Signature of First Party
Signature of Witness	X Jackie SABOFF
Print name of Witness	Print name of First Party
Signature of Witness	Signature of First Party
Print name of Witness	Print name of First Party
State of Tubiand County of Laice On 17-Occ-2003 before me, Low appeared Jackie Sabore Fi personally known to me (or proved to me on the ba	Siss of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within instrument a	and acknowledged to me that he/she/they executed the that by his/her/their signature(s) on the instrument the erson(s) acted executed the histogram Lake County
Mariel Carles	sea. My Commission Expires April 1, 2009
Signature of Notary	
NOTOF	Affiant Known Produced ID Type of ID RIJE K'S
This Document is	1) 0 1 0 1 0 1 0 0 1 0 0
State of County of	
On before me,	
appeared	asis 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
managen(s) or the entity upon behalf of which the De	erson(s) acted, executed the instrument.
WITNESS my hand and official seal	
WITNESS my hand and official seal.	
WITNESS my hand and official seal.	
WITNESS my hand and official seal. Signature of Notary	
WITNESS my hand and official seal.	Type of ID
WITNESS my hand and official seal.	Type of ID
WITNESS my hand and official seal.	Type of ID (Seal)