

2

2003 112478

2003 OCT 17 11:2:53

10/17/2003

LF298-04  
R298-04

### QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 17<sup>th</sup> day of October, 2003,  
 by first party, Grantor, Marian G. Williams  
 whose post office address is 6539 Harrison Lane Merrillville, Indiana 46410  
 to second party, Grantee, William D. Mabon  
 whose post office address is 3913 W. Galena Street, Milwaukee, Wisconsin 53210

WITNESSETH, That the said first party, for good consideration and for the sum of 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:

409-15 Bridge Street  
 Gary, Indiana 46404

Legal Description: Resub. Gary Land Co's. 6th Sub. ALL L. 30 + L. 31  
 Pl. 9

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

OCT 17 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR



County of: LAKE  
 STATE of: INDIANA

Notary: Pamela E. Kovera  
 PAMALA E. KOVERA

Dated this 17<sup>th</sup> Day of October, 2003. MY COMMISSION EXPIRES 03/31/2009

AEAK

001495

167  
M.  
CASH

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:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

Signature of First Party

Print name of First Party

State of INDIANA

County of LAKE

On 10-17-2003 before me,

appeared MARIAN G. WILLIAMS

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

Print Name of Notary

My Commission Expires 03/31/2009

Affiant  Known  Produced ID

Type of ID

(Seal)

State of

County of

On

appeared

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

