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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 034218

2004 APR 27 10 00 AM

MOBILE

A298-10
R298-04

QUITCLAIM DEED

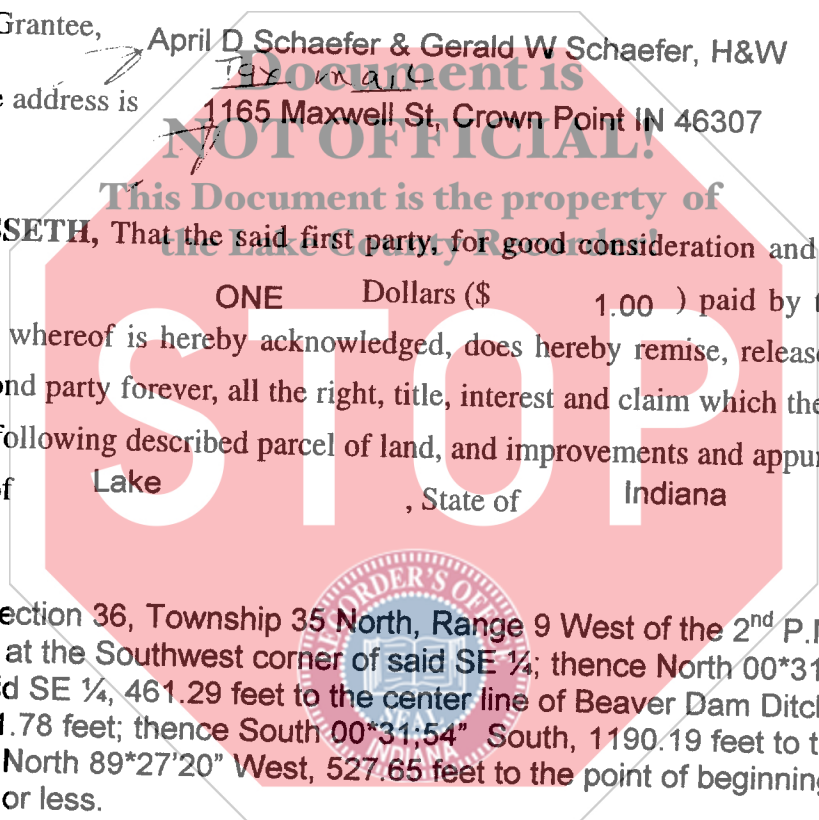
THIS QUITCLAIM DEED, Executed this 27th day of April, 2004

by first party, Grantor, Lisa J Schaefer Stover

whose post office address is 5469 West 101st Avenue, Crown Point IN 46307

to second party, Grantee, April D Schaefer & Gerald W Schaefer, H&W

whose post office address is 1165 Maxwell St, Crown Point IN 46307



WITNESSETH, That the said first party, for good consideration and for the sum of ONE 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 there- to in the County of Lake, State of Indiana to wit:

Part of the SE ¼ Section 36, Township 35 North, Range 9 West of the 2nd P.M., described as follows: Beginning at the Southwest corner of said SE ¼, thence North 00°31'54" West along the West line of said SE ¼, 461.29 feet to the center line of Beaver Dam Ditch; thence North 35°44'15" East, 891.78 feet; thence South 00°31;54" South, 1190.19 feet to the South line of Section 36; thence North 89°27'20" West, 527.65 feet to the point of beginning, containing 10.001 acres more or less.

Part of the SE ¼ of Section 36, Township 35 North, Range 9 West of the 2nd P.M., described as follows: Beginning at a point on the South line of the SE ¼ of said Section 36 and 527.65 feet East of the Southwest corner thereof: thence North 00°31'54" West, parallel to the West line of said SW ¼, 1190.19 feet; thence North 35°44'15" East, 118.88 feet; thence South 00°31'54" East 1287.36 feet to the South line of said Section 36; thence North 89°27'20" West, 70.34 feet to the point of the beginning, containing 2.000 acres more or less.

Combined Key # 09-11-0027-0022

ZAHE
(1)

ENTERED FOR TAXATION SUBJECT TO
ACCEPTANCE FOR TRANSFER (Ord 3/97)
APR 27 2004

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

002227

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR



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160
CC
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]
Signature of Witness
DAVID GIEDEMANN
Print name of Witness

[Signature]
Signature of First Party
Lisa J Schaefer Stover
Print name of First Party

[Signature]
Signature of Witness
Carol Dumbsky
Print name of Witness

Signature of First Party

Print name of First Party

State of INDIANA)
County of LAKE
On 4/27/04

before me, LISA J SCHAEFER STOVER

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]
Signature of Notary
My Comm. Expires 5/3/09
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

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If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.