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2004 051375

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 JUN 18 AM 10:11

MORRIS WELLS
RECORDER

LF298-04
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 12th day of April, 2004,
 by first party, Grantor, Juan Carlos Sosa
 whose post office address is 834 Summer Street Hammond, IN 46320
 → to second party, Grantee, Juan and Carlida Sosa h+w
 → whose post office address is 834 Summer Street Hammond, IN 46320.

WITNESSETH, That the said first party, for good consideration and for the sum of
 zero dollars and no cents, Dollars (\$ 0.00)
 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:

Property ID: 26-36-0053-0017

Common Address: 5537 Walter Hammond, IN 46320

Legal Description: Lot 16 and the North 8 1/3 Feet of
 lot 17 in E.W. Sohl's 4th addition
 to the City of Hammond, as shown
 in plat book 2K, page 39, Lake
 County, Indiana.

ONLY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 18 2004
STEPHEN R. STIGLICH
LAKE COUNTY JUDGE OF

001607
1400
13

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:

Vanny Sosa
Signature of Witness

Vanny Sosa
Print name of Witness

Candida Sosa
Signature of Witness

Candida Sosa
Print name of Witness

[Signature]
Signature of First Party

Juan Carlos Sosa
Print name of First Party

Signature of First Party

Print name of First Party

State of Indiana
County of LAKE
On JUN 16, 2004

}
before me,

appeared Juan Sosa, Vanny Sosa, Candida Sosa

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.

Sara Krause
Signature of Notary

Document is NOT OFFICIAL

Affiant _____ Known _____ Produced ID _____
Type of ID _____

This Document is the property of the Lake County Recorder!

(Seal)
SARA KRAUSE
NOTARY PUBLIC
STATE OF INDIANA
MY COMMISSION EXPIRES NOV. 3, 2010

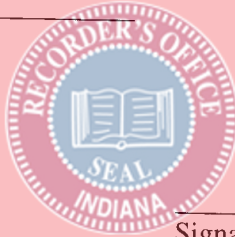
State of _____
County of _____
On _____
appeared _____

}
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