and when recorded, please return this deed and tax

statements to:

Escrow No.:

Title Order No.:

004 075707

## **QUITCLAIM DEED**

## KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on August 27, 2004, between ROSE C MAZIQUE ("Grantor") and ROSE C MAZIQUE AND ROSETTA BOWSKY, as Joint Tenants with Rights of Survivorship ("Grantees") whose address is 11245 Blacksmith Drive, Tampa, Florida

FOR A VALUABLE CONSIDERATION, in the amount of TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby REMISES, RELEASES, AND FOREVER QUITCLAIMS to Grantee, all right, title, interest and claim to the plot, piece or parcel of land, with all the buildings, appurtenances and improvements thereon, if any, in the City of Gary, County of Lake, State of Indiana described as follows:

> Lot 19, Block 11, Tarrytown First Subdivision, Gary, Lake County, Indiana, as recorded in Plat Book 30, page 13, in the Recorder's Office DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER Of Lake County, Indiana.

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto Grantee, Grantee's heirs, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, successors and/or assigns shall have claim or demand any right or title to the property described above, or any of the buildings, appurtenances and improvements thereon.

IN WITNESS WHEREOF, Grantor has executed this Quitclaim

Rose C Mazique

Type or Print Name of Grantor

16.00 MO, 170020027

SEP 1 2004

STEPHEN R. STIGLICH

LAKE COUNTY AUDITOR

000057

Rose C. Mazique Mitclaim Dood-1 11245 Black Emith Dr ampa, 72, 33626

State of Indiana
County of H. Usborough } ss.

On 27 (20,04/before me, 20,04/before me, personally 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 Public

**NOTARY SEAL** 



Printed Name of Notary Cuine

## NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STOP