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Quitclaim Deed

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 094500

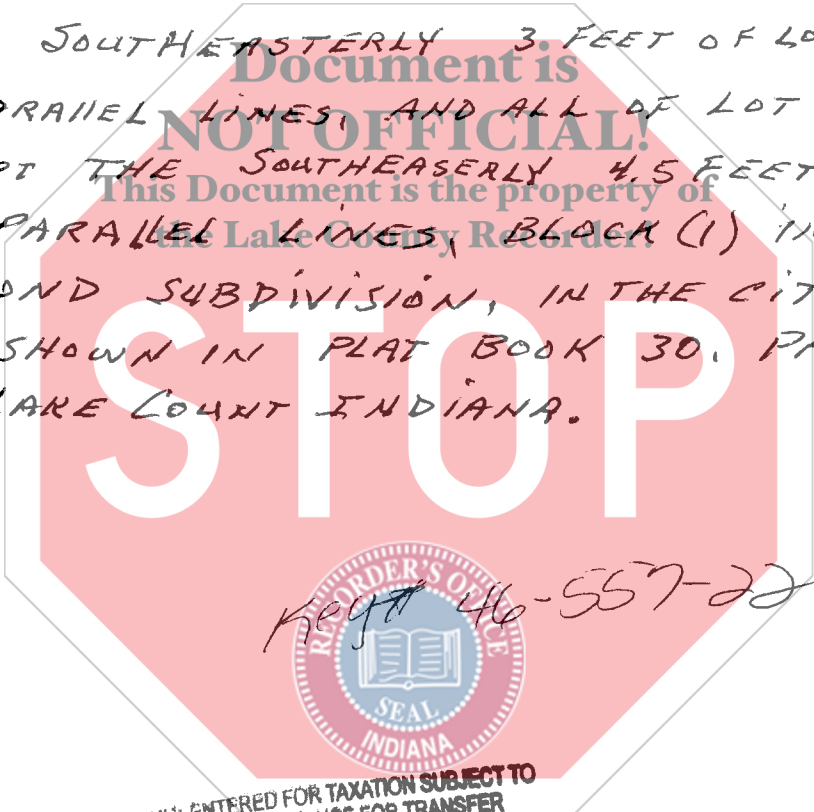
2004 NOV -4 PM 2:52

THIS QUITCLAIM DEED, executed this 4th day of NOVEMBER MORRIS 2004 LATER
by first party, Grantor, PHYLLIS M. ESKRIDGE RECORDED
whose post office address is 4438 HICKORY AV. HAMMOND, IN 46327
to second party, Grantee, ROBERT A. ESKRIDGE
whose post office address is 684 NEW JERSEY ST. GARY, IN. 46403
Tax Mail

WITNESSETH, That the said first party, for good consideration and for the sum of _____
Five Dollars Dollars (\$ 5.00)

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:

THE SOUTHEASTERLY 3 FEET OF LOT SEVENTY ONE (71)
BY PARALLEL LINES, AND ALL OF LOT SEVENTYTWO (72)
EXCEPT THE SOUTHEASTERLY 4.5 FEET THEREOF
BY PARALLEL LINES, BLOCK (1) IN GLEN L. RYAN'S
SECOND SUBDIVISION, IN THE CITY OF GARY,
AS SHOWN IN PLAT BOOK 30, PAGE 24,
IN LAKE COUNTY INDIANA.



ONLY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

NOV 4 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000436

17.00
23
98

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: Phyllis M Eskridge

Print name of First Party: PHYLLIS M ESKRIDGE

Signature of Second Party: Robert A. Eskridge

Print name of Second Party: ROBERT A. ESKRIDGE

2004 094500

Signature of Preparer _____

Print Name of Preparer _____

Address of Preparer _____

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This Document is the property of the Lake County Recorder!

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MORRIS W. GANTER
RECORDER
2004 NOV -4 PM 2:50

State of In
County of Lake

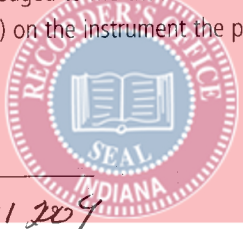
On _____ before me, _____
appeared _____

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.

Esther M. Hoshaw
Signature of Notary

My Comm. expires May 21, 2009



Affiant Known Produced ID
Type of ID Drivers License
(Seal)

ESTHER M. HOSHAW
Notary Public
SEAL
State of Indiana
Commission Expires 05/21/2009