EAKE COUNTY FILED FOR RECORD

2004 094504

2004 NOV -4 PM 3: 25

MORRIS W. 10 PATER RECORDER

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 26th day of OCTOBER, 2004		
(year), by first party, Grantor, GARY URBAN ENTERPRISE ASSOCIATION		
whose post office address is, 825 South Lake Street, Gary, Indiana 46403		
to second party, Grantee, <u>Urban Development Group, Inc.</u>		
whose post office address is825 South Lake Street. Garv. Indiana 46403		
WITNESSETH, That the said first party, for good consideration and for the sum		
of ONE Dollars \$1.00 b 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 July		
Property ID #: 25-44-0334-0001		
Common Address: 701 MARTIN LUTHER KING DRIVE Gary, IN 46402		
RESUBDIVISION GARY LAND COMPANY'S 13 TH SUFFICE OF THE RECORDER OF		
LAKE COUNTY, INDIANA. NOV 4 2004		
STEPHEN R. STIGLICH LAKE COUNTY AUDITOR		

000439

IN WITNESS WHEREOF, The said first party has signed written. Signed, sealed and delivered in presence of:	and sealed these presents the day and year first above	
Braudi Bullack Signature of Witness	Signatur of First Party	
Brandi Bullock Print name of Witness	J. Lynn Meeks Print name of First Party	
Signature of Witness	Signature of First Party	
Print name of Witness	Print name of First Party	
State of Indiana County of Lake		
On October 24, 2004 before me, appeared Brandi Bullck and J. Ly	ion Meeks	
personally known to me (or proved to me on the basis of sa	tisfactory 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.	CIAL!	
	a necessary of	
Charmaise Fratchette County	e property of	
Marmaise Traitable County	Recorder!	
Signature of Notary	Affiant Known Produced ID Type of ID Indiana	
	(Seal)	
State of	(Sour)	
State of} County of		
On before me,	,	
appeared		
personally known to me (or proved to me on the basis of sa	atisfactory 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.		
	F	
Signature of Notary	AffiantKnownProduced ID	
	Type of ID	
	(Seal)	
	Signature of Preparer	
	Print Name of Preparer	
	Address of Preparer	