

# QUIT-CLAIM DEED

This Indenture Witnesseth, That BARNETT, F. BROOKS JR & RHONDA, BROOKS

of \_\_\_\_\_ County, in the State of INDIANA

Release and Quit-Claim to ISAAC KYLE  
1381 VAN BUREN ST  
GARY IN 46407

of \_\_\_\_\_ County, in the State of INDIANA, for and in consideration

of \_\_\_\_\_ Dollars.

and other valuable consideration, the receipt whereof is hereby acknowledged,

the following described Real Estate in \_\_\_\_\_ County

in the State of INDIANA, to-wit:

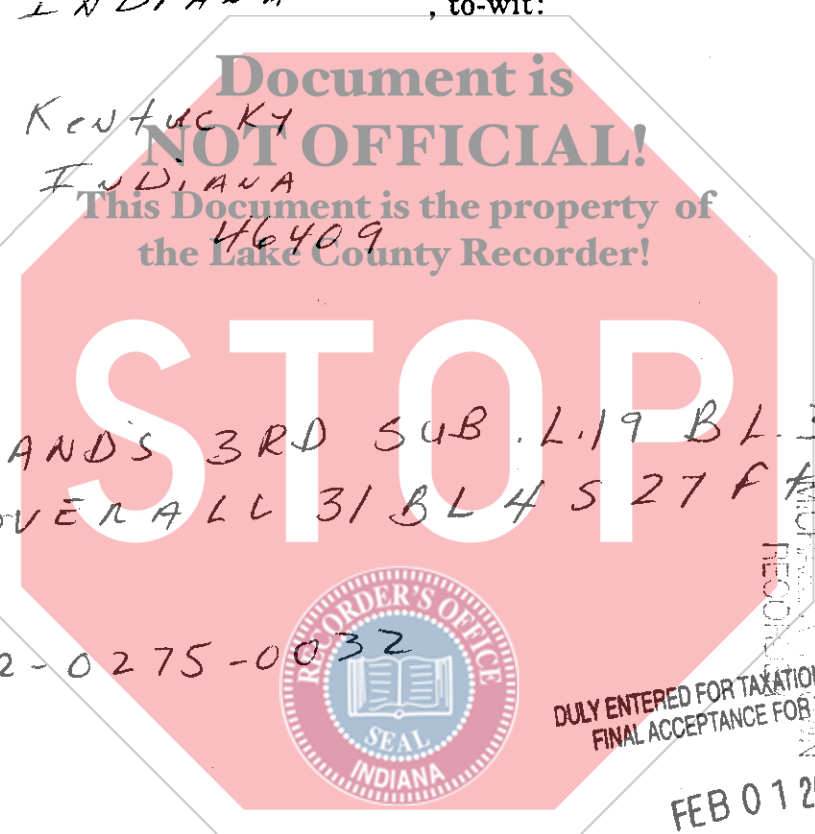
3957 Kentucky  
GARY INDIANA

This Document is the property of  
the Lake County Recorder!

SOUTHLANDS 3RD SUB L19 BL 30 N/A  
EAST OVERALL 31 BL 4 S 27 FA 1/32  
BL 4

25-42-0275-0032

2006 007830



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

FEB 01 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

In Witness Whereof. The said

ha hereunto set hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

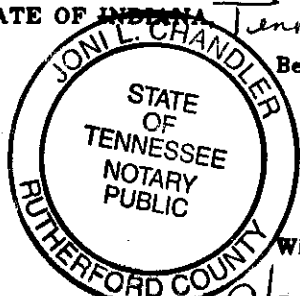
Rhonda Brooks (Seal) \_\_\_\_\_ (Seal)

Barnett F Brooks (Seal) \_\_\_\_\_ (Seal) \$17

\_\_\_\_\_ (Seal) \_\_\_\_\_ (Seal) CS

STATE OF Tennessee

COUNTY, ss: Rutherford



Before me, the undersigned, a Notary Public in and for said County, this

9th day of January 2006, came

002099

, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires 9/20/08

Joni L. Chandler Notary Public

This instrument prepared by:

\_\_\_\_\_ County of Residence



Prescribed by the  
State Board of Accounts  
(2005)

County form 170

Declaration


This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

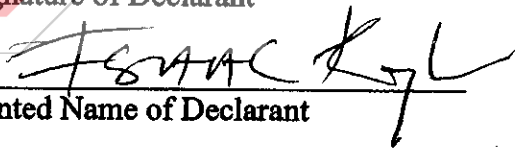
I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

  
Printed Name of Declarant