2006 008821

2006 FEB -3 AMII: 10

MICHAEL A. BROWN RECORDER

Jax Key No. 26-33-0004 QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that CYNTHIA BUTTS, GRANTOR(S) of LAKE County in the State of INDIANA QUITCLAIM(S) to ALLEN J. BUTTS, GRANTEE(S) of LAKE County in the State of INDIANA, in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana.

LOT 16 IN SPAHN'S ADDITION TO WHITING, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 34, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 949 PEARL ST, WHITING, INDIANA 46394

Dated this 2 day of LOUNEY, 2006.
Document is
Cynthia Butto TOFFICIALI
CYNTHIA BUTTS This Document is the agreement of
This Document is the property of
COUNTY OF SS: the Lake County Recorder!
Before me, the undersigned, a Notary Public in and for said County and State, this day of William
2006, personally appeared CYNTHIA BUTTS, and acknowledged the execution of the foregoing deed.
In witness whereof, I have hereunto subscribed my name and affixed my official soal.
My commission expires: KIMBERLY SCHREYER NOTARY PUBLIC - INDOMNATure MULLING MANAGERY PUBLIC - INDOMNATURE MANAGERY PUBLIC - INDOMNATURE MULLING MANAGERY PUBLIC - INDOMNATURE - IND
Resident of CONMISSION EXPINES , Notary Public SEPT. 13, 2010
()

This instrument prepared by: PATRICK J. McMANAMA, Attorney at Law, Identification No. 9534-45. No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

Mail Tax Bills To: ALLEN J. BUTTS

Whiting, Indiana 46394

COMMUNITY TITLE COMPANY FILE NO 3 3293X 4

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

FEB 0 3 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 16-16-17 002344 MM

Declaration

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

- I, the undersigned verifier 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 numbers.
 - 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.
- I, the undersigned, affirm under the penalties of perjury, that the forgoing declarations are true.

Signature of Declarant

ELIZABURA KINZU

Printed Name of Declarant

Document 18

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!