

2006 010761

2006 FEB -9 PM 3:17

MICHAEL A. BROWN  
RECORDER

**QUIT-CLAIM DEED**

**THIS INDENTURE WITNESSETH:** That **John S. Jordan** of Lake County, in the State of Indiana, conveys and quit-claims to **John S. Jordan and Maritza C. Jordan**, husband and wife, with right of survivorship of Lake County, in the State of Indiana, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, the following described real estate in Lake County, in the State of Indiana, to-wit:

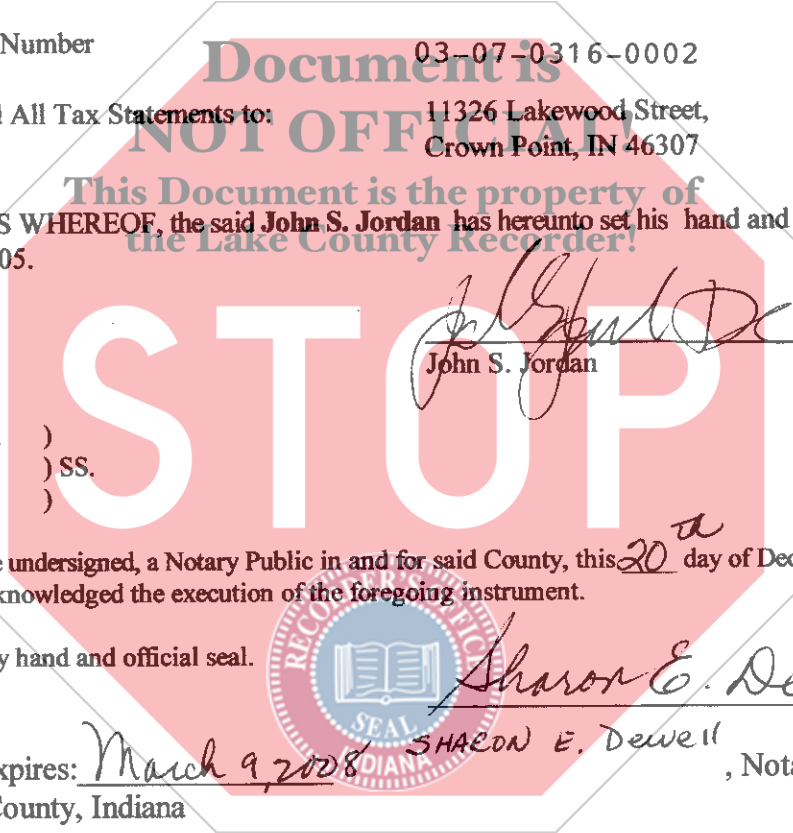
Lot 20 in Oak Hill Estates Second Addition, as per plat thereof, recorded in Plat Book 66 page 43, in the Office of the Recorder of Lake County, Indiana

More Commonly Know as: 11326 Lakewood Street,  
Crown Point, IN 46307

Key Number 03-07-0316-0002

Send All Tax Statements to: 11326 Lakewood Street,  
Crown Point, IN 46307

IN WITNESS WHEREOF, the said **John S. Jordan** has hereunto set his hand and seal this 12-20-05 day of December, 2005.



*[Signature]*  
John S. Jordan

STATE OF INDIANA )  
                          ) SS.  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County, this 20<sup>th</sup> day of December, 2005, came John S. Jordan and acknowledged the execution of the foregoing instrument.

WITNESS my hand and official seal.



*[Signature]*  
SHARON E. Dewell

My Commission Expires: March 9, 2008, Notary Public  
Resident of Lake County, Indiana

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

This Instrument Prepared by: D. Eric Neff, Attorney at Law,  
300 North Main Street, Suite D, Crown Point, IN 46307

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FEB 09 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

16-  
AP  
OK  
6230

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

BRIAN M. SMITH  
Printed Name of Declarant