

2

QUIT-CLAIM DEED

This Indenture Witnesseth, That **MATILDA GREGORY AND SHERRI A. GIVENS**, as Tenants in common and not as joint tenants with rights of survivorship.

of Lake County, in the State of Indiana

Release and Quit-Claim to **MATILDA GREGORY**
2025 McKinley St.
Gary, IN 46404

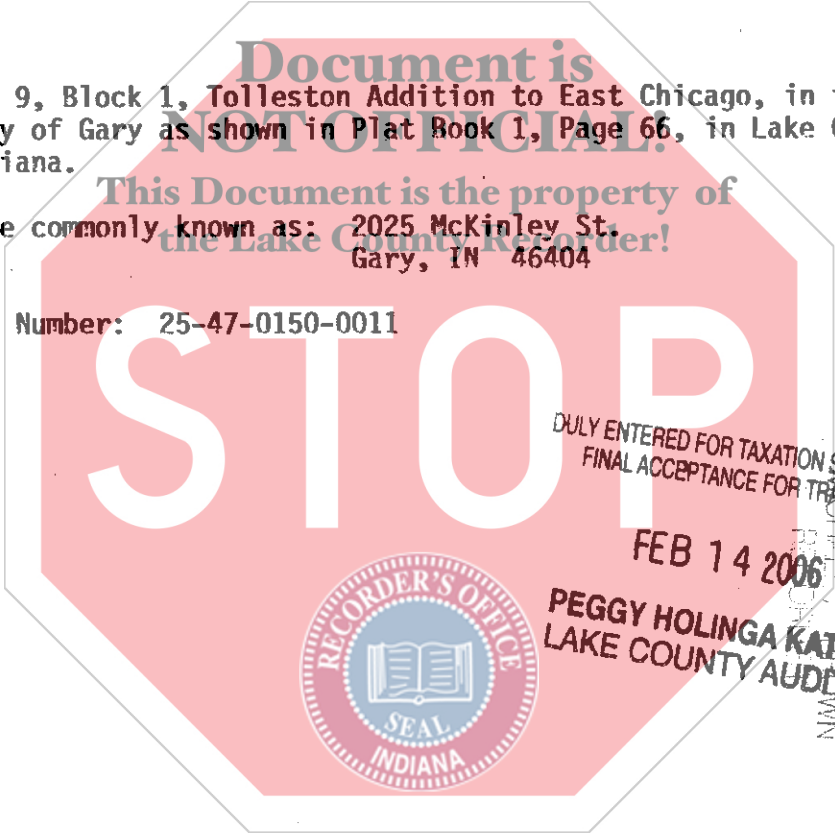
of Lake County, in the State of Indiana, for and in consideration of No Dollars (\$.00) ----- Dollars.

and other valuable consideration, the receipt whereof is hereby acknowledged, the following described Real Estate in Lake County in the State of Indiana, to-wit:

Lot 9, Block 1, Tolleston Addition to East Chicago, in the City of Gary as shown in Plat Book 1, Page 66, in Lake County, Indiana.

More commonly known as: 2025 McKinley St.
Gary, IN 46404

Key Number: 25-47-0150-0011



2006 011981

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

FEB 14 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FEB 14 AM 10:48

In Witness Whereof. The said Matilda Gregory and Sherri A. Givens, as tenants in common and not as joint tenants with rights of survivorship.

have hereunto set their hands and seal, this 14th day of February, 2006 XX

Matilda Gregory (Seal) *Sherri A. Givens* (Seal)
MATILDA GREGORY SHERRI A. GIVENS

____ (Seal) _____ (Seal) #17
____ (Seal) _____ (Seal) 25
CM

STATE OF INDIANA, Lake COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County, this 14th day of February, 2006 XX, came Matilda

Gregory & Sherri A. Givens, and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires **ROSE KOLIBOSKI**
NOTARY PUBLIC - STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. FEB. 24, 2018

Rose Koliboski Notary Public

003192

This instrument prepared by:

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