Schedule 2

Mail Tax Statements To: DonConrad, 814 Concord St. Valparaiso, IN 46385 DonConrad, 814 Concord St. Valparaiso, IN. 46385 Return to:

Quit Claim Deed

THIS INDENTURE WITNESSETH

That Willie Jones/ of Lake County, State of Indiana,

RELEASES AND QUIT CLAIMS

pe ブ To Don Conrad of Lake County, State of Indiana, for the sum of one mundred s (\$100.00) and other valuable consideration, the receipt of Which Dollars (\$100.00) and other valuable consideration, the receipt of which []s hereby acknowledged, the following described REAL ESTATE in Lake County, Statenm 20 of Indiana, to-wit:

L.15 BL.7/ 4TH ADD. NEW CHICAGO L.12 BL.7/ L.13 BL.7/ L.14 BL.7/

Commonly known as 409 E. Washington St. Hobart IN. 46342

TAX KEY NO.: 006-19-21-0040-0012 006-19-21-0040-0013 006-19-21-0040-0014 006-19-21-0040-0015

IN WITNESS WHEREOF, said Willie Jones has hereunto set the grantor's hand and seal this 26 day of

the Lake CPRINT TENANT/PURCHASER'S NAME HERE

TENANT/PURCHASER'S NAME HERE

STATE OF INDIANA

Cake COUNTY

SS:

Before me, a Notary Public in and for said County and State, personally appeared the within named PRINT TENANT/PURCHASER'S NAME HERE and PRINT TENANT/PURCHASER'S NAME HERE who acknowledged execution of the above and foregoing Quit Claim Deed to be the grantor's voluntary act and deed.

FEB 7 4 2006

PEGGY HOLINGA KATONA
COUNTY AUDITOR

WITNESS, my hand and Notarial Seal this & day of Dee

My commission expires:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER Lake Resident of

DEBORAH D. HEMPHILL Notary Public, State of Indiana County of Lake My Commission Expires May 13, 2010

Notary Public

County, IN

003195

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 herby affirm under the penalties of perjury: new Recorder!

- 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