Mail Tax Bills To: 7120 Broadway, Apt 2D Merrillville, Indiana 46410



## QUIT CLAIM DEED

THIS INDENTURE WITNESSETH, That Vincent Crews of 408 South Hamilton Street, Gary, Indiana 46403, hereby remise, release and forever Quit Claims to Helene S. Dunn of 7120 Broadway, Apt 2D, Merrillville, Indiana

46410 as sole owner in fee simple, for and in consideration of ten dollars (\$10.00) and other valuable consideration, receipt whereof is hereby acknowledged, subject to the condition stated below, the following described Real Estate, 309 East Ridge Road, Gary, Lake County, Indiana, to-wit: Resub. Pt. Blks 1-3-4-5 6th South Broadway, W. 30 ft, L.4, B.1 IN WITNESS WHEREOF, The said has hereunto set my hand and seal this 15 day of is the property of Lake County DULY ENTERED FOR TAXATION SUBJECT TO VINCENT CREVVS FINAL ACCEPTANCE FOR TRANSFER 408 ADDRESS FEB 1 5 2006 CITY, STATE, ZIP PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR STATE OF INDIANA COUNTY OF LAKE On this the 15th day of Feb , 2006, before me, the undersigned, a notary public in and for said County and State, personally appeared Vincent Crews and Helene S. Dunn, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person executed the instrument. Witness my hand and official seal. My commission expires NOTARY PUBLIC STATE OF INDIANA Notary Public APR. 28,2008 MM COMM.

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:

- 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