

2006 012805

2006 FEB 16 PM 1:05

MICHAEL A. BROWN
RECORDER

Quit Claim Deed

This Quit Claim Deed, Executed this 9th day of February, 2006 by first party, Grantor, Connie Swickard whose post office address is 3264 W. 74th Lane, Merrillville, Indiana 46410, to second parties, Grantee, Joe Wittig whose post office address P.O. Box 308, Schererville, IN 46375 and Grantee, Dan Cavender whose address is P.O. Box 11089, Merrillville, IN 46411.

Witnesseth, that the said party, for good consideration and for the sum of \$ One and 00/100 dollar(s) (\$ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana to wit:

Legal Description: Lincoln Gardens, 7th Subdivision, Lot 153

Commonly known as: 7905 Chase Street, Merrillville, Indiana 46410
Parcel # 08-15-0398-0017

In witness whereof, the said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Connie Swickard
Signature of First Party

CONNIE LOU SWICKARD
Print name of First Party

Maria Rivera
Signature of Witness

MARIA RIVERA
Print name of Witness

Please mail tax bills to: Joe Wittig, P.O. Box 308, Schererville, IN 46375

State of INDIANA
County of LAKE

On the 9th of February, 2006 before me,

Appeared Connie Swickard

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is /are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Debe Ledford
Signature of Notary

Affiant Known

Produced ID

Type of ID DLN 8929-15-2019
(Seal)

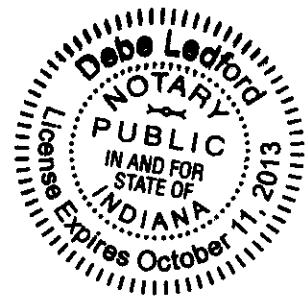
My commission expires: 10/11/2013

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

FEB 16 2006

003439

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



16-
XP
CS

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.



Rebecca Bowen

Signature of Declarant

Rebecca Bowen

Printed Name of Declarant