

2006 014831

2006 FEB 24 AM 10:49

MICHAEL A. BROWN  
RECORDER

Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

# Quitclaim Deed

Date of this Document: FEBRUARY 24, 2006

Reference Number of Any Related Documents: \_\_\_\_\_

Grantor:

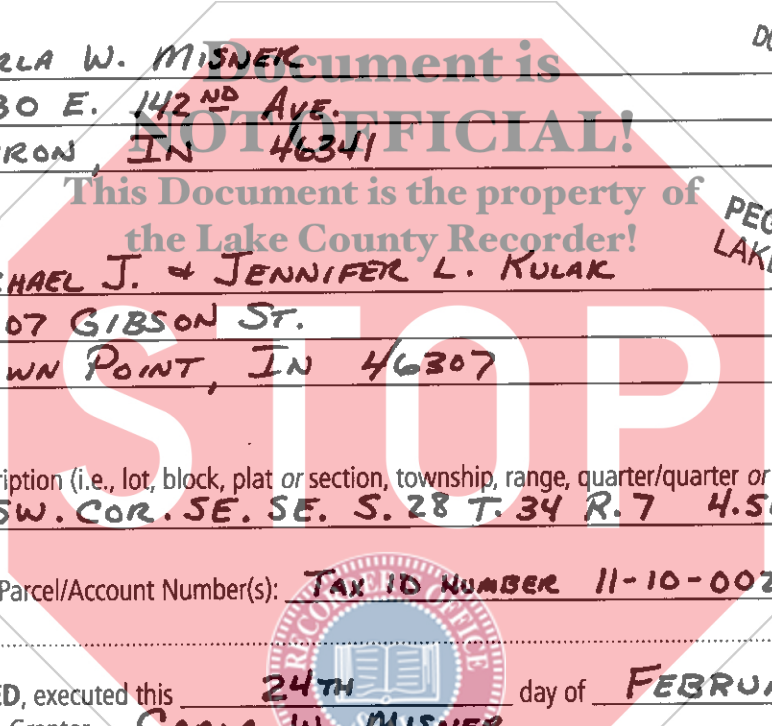
Name CARLA W. MISNER  
Street Address 9330 E. 142<sup>ND</sup> AVE.  
City/State/Zip HEBRON, IN 46341

Grantee:

Name MICHAEL J. & JENNIFER L. KULAK  
Street Address 12707 GIBSON ST.  
City/State/Zip CROWN POINT, IN 46307

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

FEB 24 2006  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR



Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): PT. SW. COR. SE. SE. S. 28 T. 34 R. 7 4.50A.

Assessor's Property Tax Parcel/Account Number(s): TAX ID NUMBER 11-10-0024-0007

THIS QUITCLAIM DEED, executed this 24<sup>TH</sup> day of FEBRUARY 2006, by first party, Grantor, CARLA W. MISNER whose mailing address is 9330 E. 142<sup>ND</sup> AVE. HEBRON, INDIANA 46341 to second party, Grantee, MICHAEL J. & JENNIFER L. KULAK whose mailing address is 12707 GIBSON ST. CROWN POINT, INDIANA 46307

WITNESSETH that the said first party, for good consideration and for the sum of ONE 00/100 Dollars (\$ 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,

003988

1302  
CS  
M

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: PARCEL ONE: PART OF THE SOUTHEAST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 28, TOWNSHIP 34 NORTH, RANGE 7 WEST OF THE 2ND PRINCIPAL MERIDIAN IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING 890.37 FEET WEST OF THE SOUTHEAST CORNER OF SAID SECTION 28, THENCE WEST 429 FEET TO THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) OF SAID SECTION 28, THENCE NORTH ON THE WEST LINE OF SAID SOUTHEAST QUARTER (1/4) OF THE SOUTHEAST QUARTER (1/4) 495 FEET; THENCE SOUTHEASTERLY ABOUT 429.9 FEET TO A POINT 429 FEET NORTH OF THE PLACE OF COMMENCEMENT, THENCE SOUTH 429

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, FEET TO THE PLACE OF COMMENCEMENT.  
sealed and delivered in the presence of:

Signature of Witness Michael J. Kulak  
Print Name of Witness MICHAEL J. KULAK

Signature of Witness Jennifer L. Kulak  
Print Name of Witness JENNIFER L. KULAK

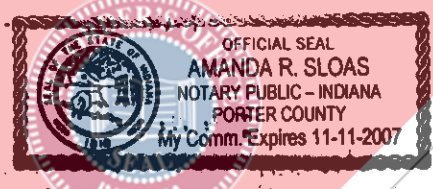
Signature of Grantor Carla W. Misner  
Print Name of Grantor CARLA W. MISNER

State of Indiana  
County of LAKE

On 24 February 2006, before me, Carla W. Misner, appeared \_\_\_\_\_, 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.  
Amanda Sloas  
Signature of Notary

Affiant Known Produced ID  
Type of ID Driver License  
(Seal)



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.



Michael J. Kulak  
Signature of Declarant

MICHAEL J. KULAK  
Printed Name of Declarant