

THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TO:

TAX KEY NO: (25) 44-70-9

QUIT-CLAIM DEED

*74 P.O. Box 7155
GARY, IN 46409*

This indenture witnesseth that Helen LaRussa

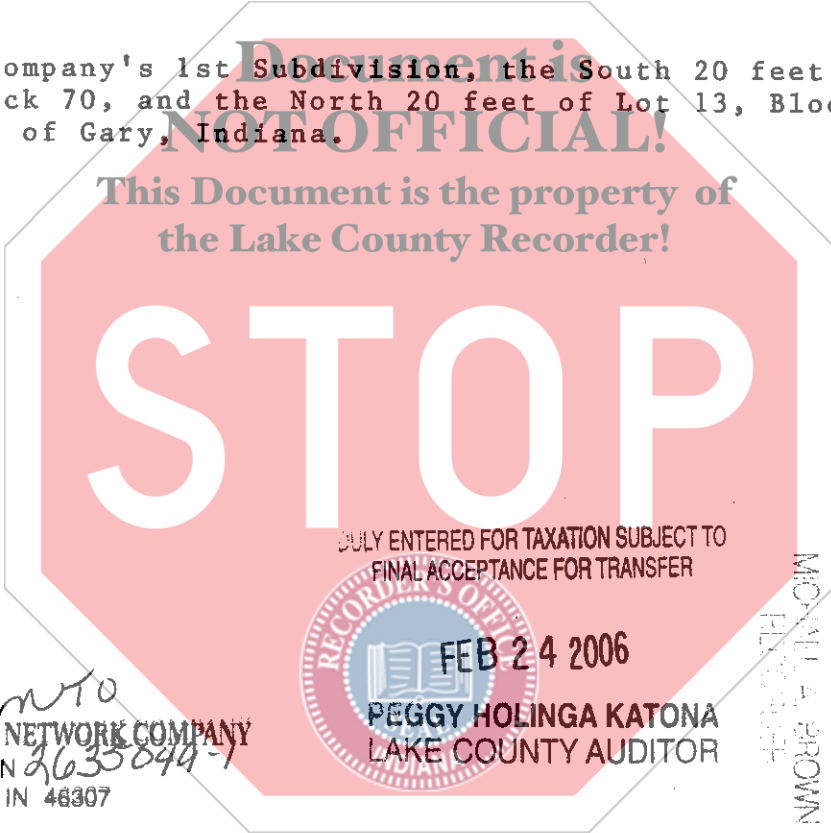
of Lake County in the State of Indiana

Releases and quit claims to BANK CALUMET TRUST P4274

of Lake County in the State of Indiana

for and in consideration of One Dollar (\$1.00) and other good and valuable consideration the receipt whereof is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to wit:

Gary Land Company's 1st Subdivision, the South 20 feet Lot 12, Block 70, and the North 20 feet of Lot 13, Block 70, in the City of Gary, Indiana.



2006 014860

2006 FEB 24 AM 11:18

LAKE COUNTY
FILED FOR RECGR

State of Indiana, LAKE County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, this 22 day of FEB. 1996 personally appeared:

HELEN LARUSSA

Dated this 22 Day of FEB. 1996

Helen LaRussa

Helen LaRussa

And acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal. My commission expires 5-22 1997

Fred M. Cuppy Notary Public

Resident of Lake County

This instrument prepared by Fred M. Cuppy, 8585 Broadway, Ste. 600 Merrillville, IN 46410, Attorney at Law

MAIL TO:

003995

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 numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

