

QUIT-CLAIM DEED

This Indenture Witnesseth, That Vera Mae McNealy

of Lake County, in the State of Indiana

Release and Quit-Claim to Vera Mae McNealy and Jennifer Lynn Harley as Joint

of Lake County, in the State of Indiana, for and in consideration

of Seven (\$7.00) Dollars,

and other valuable consideration, the receipt whereof is hereby acknowledged,

the following described Real Estate in Lake County

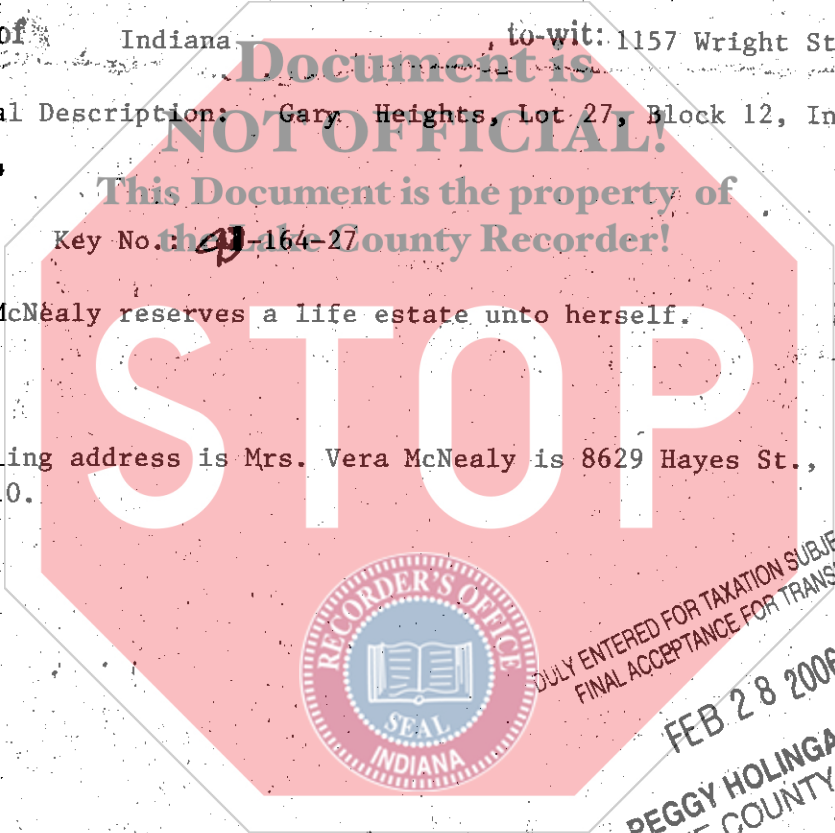
in the State of Indiana to-wit: 1157 Wright St., Gary, IN 46404.

Legal Description: Gary Heights, Lot 27, Block 12, In Gary Lake Indiana 46404

Key No. 4-164-27

Mrs. Vera McNealy reserves a life estate unto herself.

The tax mailing address is Mrs. Vera McNealy is 8629 Hayes St., Merrillville, Indiana 46410.



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FEB 28 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2006 015909

In Witness Whereof, The said Vera Mae McNealy

has hereunto set her hand and seal, this 30th day of September 2005

(Seal) Vera Mae McNealy (Seal)
Vera Mae McNealy
(Seal) _____ (Seal)
(Seal) _____ (Seal)

STATE OF INDIANA, LAKE COUNTY, as:

Before me, the undersigned, a Notary Public in and for said County, this 30th day of September, 2005, came

JOHN HENRY HALL
Notary Public, State of Indiana
County of Lake

My Commission Expires Mar 22, 2008 signed and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

My Commission expires March 22, 2008 Notary Public
Atty. John Henry Hall, Ed.D., LL.M. Atty. John Henry Hall, Ed.D., LL.M.
This instrument prepared by: 1937 Madison St., Gary, IN 46407, Tel. 219 883-7711

\$17

004269

Handwritten signature of John Henry Hall

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.




Signature of Declarant

JUNIFER HALL
Printed Name of Declarant