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LAKE COUNTY
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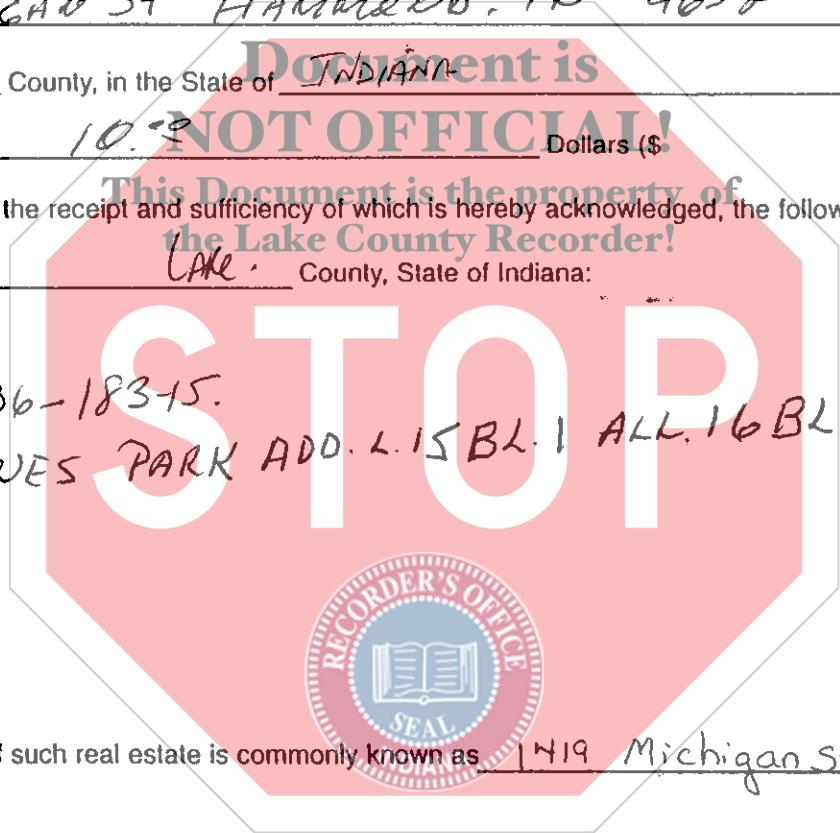
ARCHIVE BROWN
5/2/05

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, That PONCIANO QUIROGA AND AIDA F. QUIROGA
1419 E MICHIGAN ST. HAMMOND, IN 46320 (Grantor)
of LAKE County, in the State of INDIANA

QUITCLAIM(S) to PONCIANO QUIROGA
1419 E MICHIGAN ST HAMMOND, IN 46320 (Grantee)
of LAKE County, in the State of INDIANA, for the sum
of (TEN) 10.00 Dollars (\$) and other

valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate
in LAKE County, State of Indiana:



Legal- Lot # (26)-36-183-15.
TOWES PARK ADD. L. 15 BL. 1 ALL. 16 BL. 1

The address of such real estate is commonly known as 1419 Michigan St, Hammond, IN

Tax bills should be sent to Grantee at such address unless otherwise indicated below.

IN WITNESS WHEREOF, Grantor has executed this deed this 28th day of
February, 2006

Grantor: _____ (SEAL)
Signature Ponciano Quiroga
Printed PONCIANO QUIROGA

Grantor: _____ (SEAL)
Signature Aida F. Quiroga
Printed Aida F. Quiroga

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

FEB 28 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004295

\$18
CS
CAR

STATE OF

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SS: ACKNOWLEDGMENT

COUNTY OF

Before me, a Notary Public in and for said County and State, personally appeared Porciano and Aida Quiroga

who acknowledged the execution of the foregoing Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 28th day of February, 2006.

My commission expires:

Nov. 16, 2011

Signature Tammy M. Orris

Printed Tammy M. Orris, Notary Public

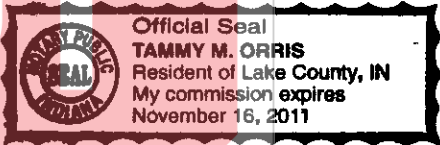
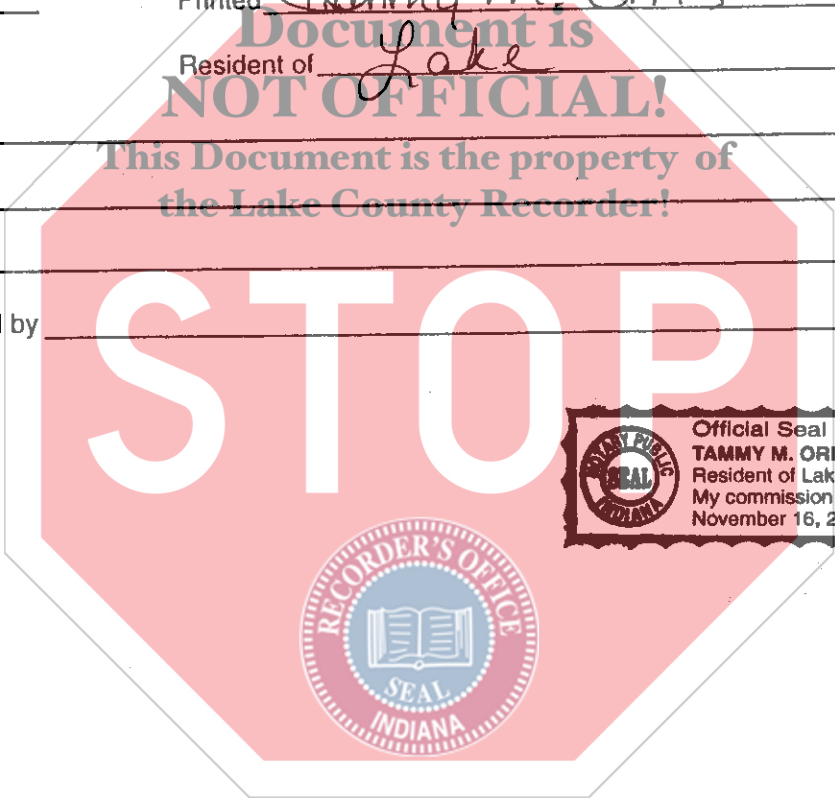
Resident of Lake County, Indiana

Return deed to _____

Tax Key No. _____

Send tax bills to _____

This instrument prepared by _____



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.



[Handwritten Signature]
Signature of Declarant

DOMINICO QUIROGA
Printed Name of Declarant