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## QUITCLAIMEDEED

THIS INDENTURE WITNESSETH, THAT ISABEL REYNA MENA AND DARIO VELASQUEZ, adult(s), (Grantor) of LAKE County, in the State of INDIANA QUITCLAIM(S) to ISABEL REYNA MENA AS SINGLE TENANCY (GRANTEE), of LAKE County, in the State of INDIANA, for the same of TEN DOLLARS (\$10.00) and other valuable consideration in hand paid, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in LAKE County, State of INDIANA:

LEGAL DESCRIPTION:

LOT 12, LOT11, EXCEPT THE NORTH 30 FEET THEREOF AND NORTH 6 FEET OF LOT 13 IN BLOCK 4 IN ROXANA PARK 5<sup>TH</sup> ADDITION TO EAST CHGICAGO, AS PER PLAT THEROF, RECORDED IN PLAT BOOK 30 PAGE 28, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

COMMON ADDRESS:

5430 READING AVENUE Document is the property of

EAST CHICAGO, IN. 46312 Lake County Remar 0 1 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Grantor:

Top bel 2 Mence ISABEL MENA

of February

DONO VERSIVEZ DARIO VALASQUEZ

Signed, sealed and delivered in presence of: HUMBERTO CASTANEDA NOTARY IN THE STATE OF INDIANA

My Commission Expires

HUMBERTO CAST AMEDA
Lake County
My Commission Expires
June 3, 2011

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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 herby affirm under the penalties of perjury: County Recorder!

- 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

Printed Name of Declarant