STATE OF INCLAIN LAKE COUNTY FILED FOR RECORE

2006 018231

2006 MAR - 3 PM 3: 44

MICHAEL A. BROWN RECOLUER

Quitclaim Deed

THIS QUITCLAIM DEED, executed this 15 day of September, 2005 By the first party, Grantor, KACHINA INVESTMENT GROUP L.L.C. Whose post office address is 241 WOODLAND DR. VISTA, CA. 92083

To second party, Grantee, CARRIE McDANIEL

Whose post office address is, 2306 NORTH CLARK #4N, CHICAGO, IL. 60614

WITNESSETH, That the said first party, for good consideration and for the sum of One Thousand Nine Dollars and no cents.

Dollars (\$1,009.00) paid by the second party, the receipt whereof is hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said party has in and to the following described parcel of land, and improvements and appurtenances in the County of Lake County,

LEGAL DESCIPTION: ALL LOT 16, BLOCK 5, IN MARBLES

SUBDIVISION, MARBLES ADDITION, IN THE CITY OF HAMMOND,

LAKE COUNTY, INDIANA.

ADDRESS: 934 AMES ST.

HAMMOND, IN. 46320

PROPERTY ID # 26-35-0046-0018



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAR - 3 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

004802

Print name of Witness: Print name of Witness: Signature of First Party: Signature of First Party: Signature of Second Party: Print name of Second Party: Print name of Second Party: Signature of Preparer Print Name of Preparer Print Name of Preparer State of Indiana County of Lake On Dec. 7.9 2005 personally known to me for 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(es), and that by his/her/their signature(s) on the intrinuent (if) person(s), or the entity upon behalf of which 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(es), and that by his/her/their signature(s) on the intrinuent (if) person(s), or the entity upon behalf of which the person(s) whose name(s) is/are subscribed to the within fastrument. WITNESS my Yend and official seal. Signature of Notary Affaint Known XX Produced ID Type of ID California Identication (Seal)		ia Barrol
Print name of Witness: Signature of First Party: Print name of Second Party: Signature of Second Party: Print Name of Preparer Address of Preparer State of Indiana County of Lake On Dec. 7: 2005 before me. Tina M. James appeared John M. Sumpter personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are person(s) acted, executed the instrument. WITHESS my lifed and official seal. Signature of Notary Affiant Known XX Produced ID Type of ID California Identication (Seal)	Print name of Witness: VLCTO	Ria BAIRD
Signature of First Party: Print name of First Party: Signature of Second Party: Print Name of Preparer Print Name of Preparer Print Name of Preparer Address of Preparer Address of Preparer Print Name of Preparer This Document is the property of Address of Preparer Address of Preparer State of Indiana County of Lake On Dec. 7y 2005 before me, Tina M. James appeared John M. Sumpter 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 fife person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my light and official seal. Signature of Notary Affiant Known XX Produced ID Type of ID California Identication (Seal)	Signature of Witness:	
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Type of (D <u>California Identication</u> (Seal)	Signature of Notary	WOJANA JULIA
		(Seal)
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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:

- 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