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2006 018494

2006 MAR -6 PM 12:20

MICHAEL A. BROWN
RECORDER

A298-10
R298-04

QUITCLAIM DEED

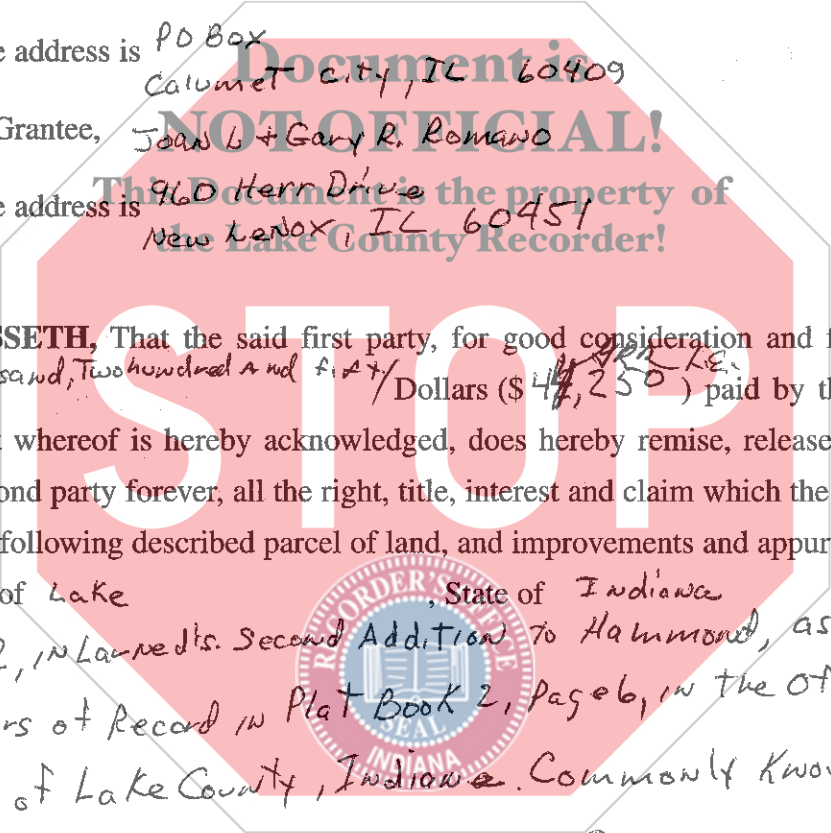
THIS QUITCLAIM DEED, Executed this 6th day of *MARCH*, 2006 (year),

by first party, Grantor, *LORENZO Escamilla*

whose post office address is *PO Box Calumet City, IL 60409*

to second party, Grantee, *Joan L + Gary R. Romano*

whose post office address is *910 Herr Drive New Lenox, IL 60451*



~~WITNESSETH~~ **WITNESSETH**, That the said first party, for good consideration and for the sum of ~~Four Thousand, Two hundred and fifty~~ *Four Thousand, Two hundred and fifty* Dollars (\$~~4,250~~ *4,250*) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there-
to in the County of *Lake*, State of *Indiana* to wit:
Lot 1, Block 2, in Lakeside Second Addition to Hammond, as the same appears of Record in Plat Book 2, Page 6, in the Office of the Recorder of Lake County, Indiana. Commonly known as 1050 Moss Street, Hammond, IN 46320

AHJE
(1)

Rev. 6/98

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR - 6 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$18 CS
CPM



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004879

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

Signature of First Party

Print name of First Party

State of INDIANA }
County of LAKE

On MARCH 6, 2006 before me, BARBARA J. BORTOLI
appeared LORENZO ESCAMILLA

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 the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Barbara J. Bortoli
Signature of Notary

State of }
County of }
On }
appeared }

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 the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Affiant _____ Known Produced ID
Type of ID DRIVERS LICENSE
(Seal)

BARBARA J. BORTOLI
Notary Public, State of Indiana
County of Lake
My Commission Expires 05/19/2008

Affiant _____ Known _____ Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

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 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

CARY R. ROMANO
Printed Name of Declarant