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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 019742

2006 MAR -9 PM 2:01

Mail tax bills to: 1107 TRUMAN, HAMMOND, INDIANA

MICHAEL A. BROWN  
RECORDER



### QUITCLAIM DEED

**THIS INDENTURE WITNESSETH THAT,** PATRICIA SMITH, *The Grantor*

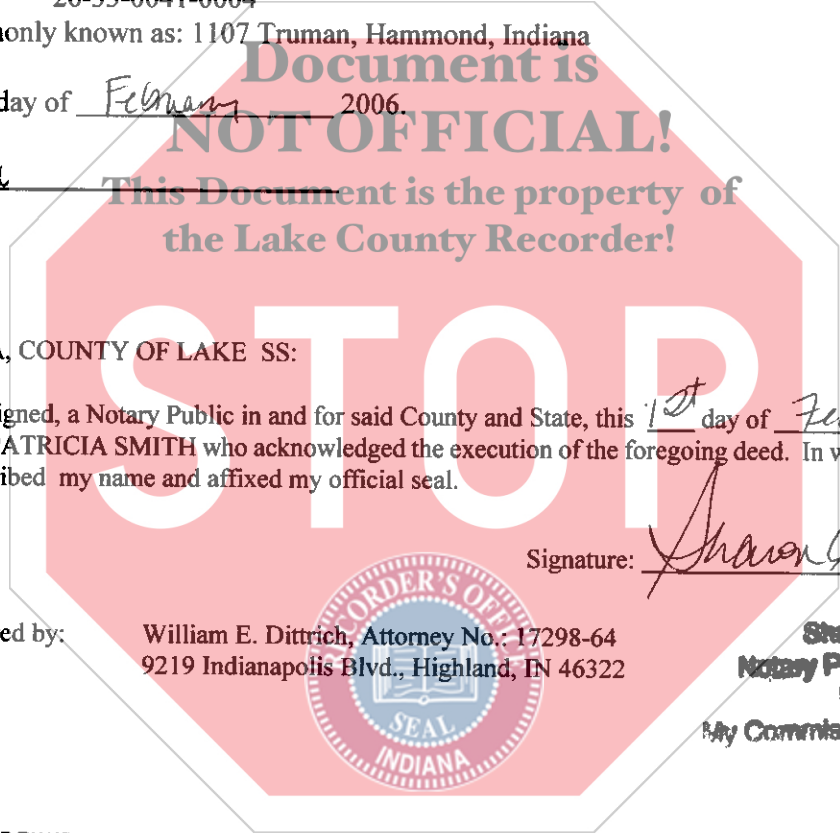
**QUIT CLAIMS TO** PHILLIP HOMANS and SAMANTHA HOMANS, jointly as Husband and Wife,  
*The Grantee(s),*

of Lake County in the State of Indiana, in consideration of the One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

EAST LAWN ADD. W2. L.4 BL.3  
KEY NO.: 26-33-0041-0004  
More commonly known as: 1107 Truman, Hammond, Indiana

Dated this 1<sup>st</sup> day of February, 2006.

Patricia Smith  
Signature  
Patricia Smith



STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 1<sup>st</sup> day of February, 2006 personally appeared, PATRICIA SMITH who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Signature: Sharon A. Butcher

This instrument prepared by: William E. Dittrich, Attorney No.: 17298-64  
9219 Indianapolis Blvd., Highland, IN 46322

**Sharon A. Butcher**  
Notary Public State of Indiana  
Lake County  
My Commission Exp. Nov. 28, 2007

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

005196

\$16

MAR - 9 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

CK# 1167  
CAN

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 numbers in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

  
Signature of Declarant

William E. Dittrich  
Printed Name of Declarant

