Quitclaim Deed

EAKE COUNTY FILED FOR RECOR

2006 020743

2006 MAR 13 AM 10: 01

THIS QUITCLAIM DEED, executed this 23 day of FEBRUARY	MICHAEL A BROWN
by first party, Grantor, Trachita A. Trachita	
whose post office address is 9846 5th Street HIGHLAND, IND	11ANA 46322
to second party, Grantee, MEUSSA M. PRIMICH AND BRIAN CZ	ARNY
whose post office address is 7403 WHITE OAK AVENUE HAMMOND, I	N 46324
WITNESSETH, That the said first party, for good consideration and for the sum of	ollars (\$ /.co)
	Chars (\$
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release	•
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 thereto in the County of	
State of TINDIANA to wit:	

Lot 2, except the south 5.75 feet thereof, and all of Lot 1 in Block 3 in Briargate, in the City of Hammond, as per plat thereof recorded in Plat Book 19 Page 18, in the Office of the Recorder of Lake County, Indiana.



OFFICIAL SEAL
JOAN M JURECH-MILLAS
MOTARY RUBLIC STATE OF BLINGS
MY CHINGSSTONES SERVER OF BLINGS

CA

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IN WITNESS WHEREOF, The said first party has signed and sealed these presents Signed, sealed and delivered in presence of:	the day and year first above written.
Signature of Witness: Deboral a hacha	
Print name of Witness: DEBORAH A. TROCH	4
Signature of Witness: Cynthia Ballofann	
Print name of Witness: CynThiA ZATLOK	Towicz
Signature of First Party Juanita & Rumin	ch
Print name of First Party: JUANITA A. PRIMICA	4
Signature of Second Party: Mylssa M. Runch	03.5
Print name of Second Party: MELISSA M. PRIMICH AND	BRIAN CZARNY
Signature of Preparer Quanta la Trimin	th
Print Name of Preparer JUANITA A PRIM	nich
Address of Preparer 9846 574 37. HIGHLA	ND, IN. 46322
State of /L	
county of	PIANOH
On	
personally known to me (or proved to me on the basis of satisfactory evidence) to be subscribed to the within instrument and acknowledged to me that he/she/they executable capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the instrument the person(s).	uted the same in his/her/their authorized
person(s) acted, executed the instrument. WITNESS my hand and official seal.	
Joan M Junet millan	
Signature of Notary	AffiantKnownProduced ID Type of ID
OFFICIAL SEAL	(Seal)
JOAN M JURICH-MILLAS NOTARY PUBLIC - STATE OF ELINOIS MY COMMISSION EXPIRES 03/21/08	

* **

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: Ounty 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