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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Mail Tax Statements to:  
LaDonna Thorpe  
P.O. Box 6343  
Gary, Indiana 46406

2006 022288

2006 MAR 17 AM 10:14

MICHAEL A. BROWN  
RECORDER

**QUITCLAIM DEED**

This indenture witnesseth, that Sharon Hazel Davis of Lake County, in the State of Indiana, QUITCLAIMS and RELEASES to Sharon Hazel Davis and LaDonna Thorpe of Lake County, in the State of Indiana, for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

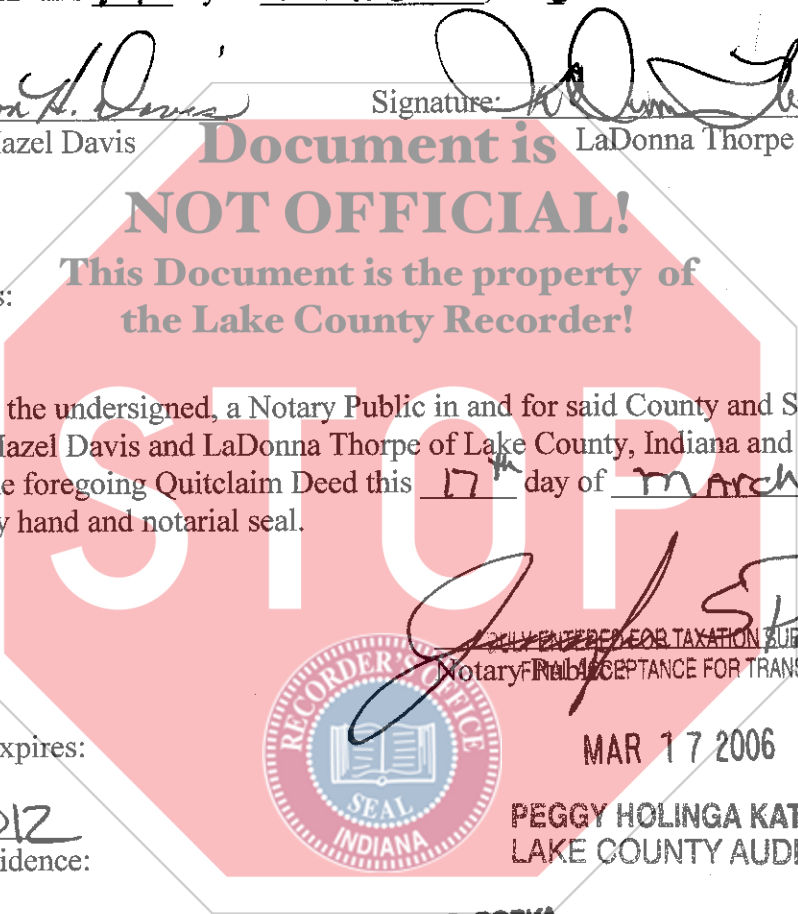
key# 46-475-35

Lots 35 and 36 in Block 2 in Rundell's 5th Addition to Tolleston, in the City of Gary. More commonly known as 1563-69 Chase Street, Gary, IN 46404.

In Witness Whereof, Sharon Hazel Davis and LaDonna Thorpe have executed this QUITCLAIM DEED this 17 day of March, 2006

Signature: Sharon H. Davis  
Sharon Hazel Davis

Signature: LaDonna Thorpe  
LaDonna Thorpe



State of Indiana)  
) ss:  
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Sharon Hazel Davis and LaDonna Thorpe of Lake County, Indiana and acknowledged the execution of the foregoing Quitclaim Deed this 17<sup>th</sup> day of March, 2006  
Witness my hand and notarial seal.

Jennifer S. Popka  
Notary Public  
MAR 17 2006  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

My Commission expires:  
11-28-2012  
My County of Residence:

LAKE

JENNIFER S. POPKA  
Notary Public - State of Indiana  
Lake County  
My Commission Exp. Nov. 28, 2012

005891

\$17  
CS  
CAN

LaDonna R Thorpe provided In License  
Sharon H DAVIS provided IN I.D. CARD

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.



*Sharon H. Davis*  
Signature of Declarant

Printed Name of Declarant