

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 022510

2006 MAR 17 PM 4:14

Mail tax bills to: Mariano Marquez
5624 Claude
Hammond, IN

MICHAEL A. BROWN
RECORDER



QUIT CLAIM DEED

THIS INDENTURE WITNESSETH, that **Luis R. Valentin**, ("Grantor") of Lake County, State of Indiana QUITCLAIM(s) all of his right and interest in the real estate described below to **Mariano Marquez and Maria Marquez, husband and wife**, of Lake County in the State of Indiana in consideration of TEN DOLLARS 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:

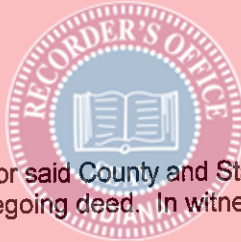
H. W. SOHLS 5TH ADD. S. 16 2/3 FT. L. 12 BL. 3 N. 16 2/3 FT. L. 13
BL. 3

Commonly known as: 5626 Claude Avenue Hammond, Indiana
Tax Key No.: 26-36-0065-0015

Dated this 2nd day of March 2005.

Luis R. Valentin

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



Before me, a Notary Public in and for said County and State personally appeared Luis R. Valentin who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Sworn to and subscribed before me this 2nd day of March 2006
My Commission Expires:



NOTARY PUBLIC
Resident of Lake County, Indiana

This Document Prepared By: Robert H. Sorge, 6243 Hohman Avenue, Hammond, IN 46324 Att. No. 17775-45

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR 17 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005949

\$16
CR# 4815
CR

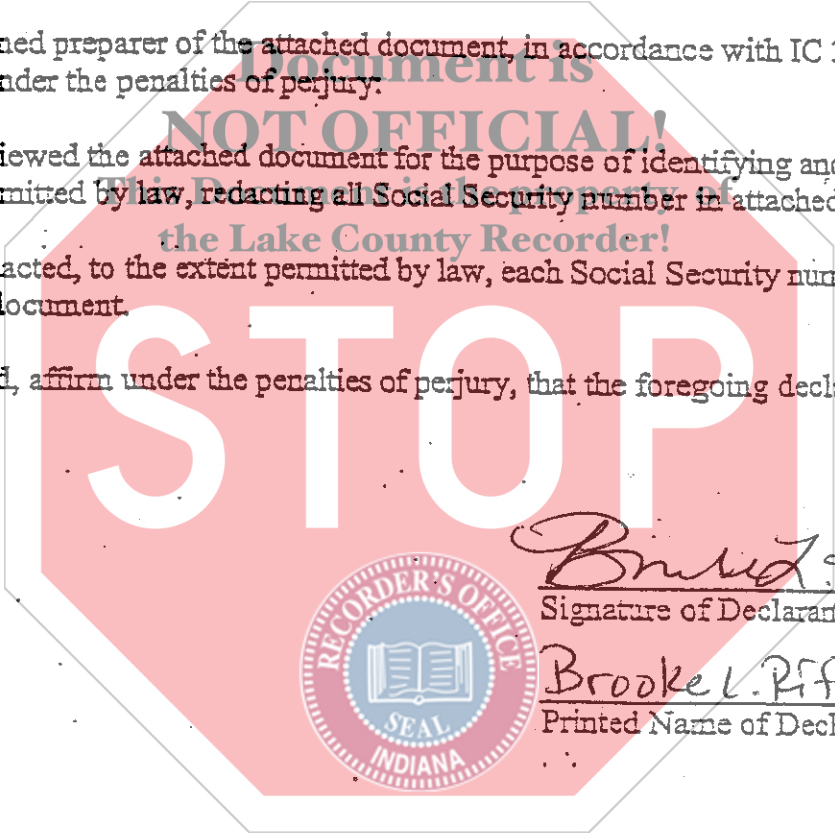
Declaration

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.



Brooke L. Piffell
Signature of Declarant

Brooke L. Piffell
Printed Name of Declarant