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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 025447

2006 MAR 28 PM 2:54

MICHAEL A. BROWN
RECORDER

Above Space Reserved for Recording

(If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.)

Quitclaim Deed

Date of this Document: 3/27/06

Reference Number of Any Related Documents: _____

Grantor:

Name PATRICE Wilburn
Street Address 14 Condit
City/State/Zip Hammond IN 46320

Grantee:

Name BARBARA STEWART
Street Address 3153 S. Giles
City/State/Zip Chicago IL 60616



Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Caldwells 10th Add. L. 17 Bl. 1

Assessor's Property Tax Parcel/Account Number(s): 25-42-0020-0017

THIS QUITCLAIM DEED, executed this 27th day of MARCH, 2006, by first party, Grantor, PATRICE Wilburn, whose mailing address is 14 Condit Hammond Ind 46320, to second party, Grantee, BARBARA STEWART, whose mailing address is 3153 S. Giles Chicago, IL 60616.

WITNESSETH that the said first party, for good consideration and for the sum of one dollar Dollars (\$ 1.00) 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,

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ZP
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which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of LAKE State of INDIANA
to wit: CALDWELL'S 10th Add. L. 178L. 1
25-42-0020-0017

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

Signature of Witness [Signature]
Print Name of Witness Frank Cain

Signature of Witness [Signature]
Print Name of Witness WILLIAM L. SYKES

Signature of Grantor [Signature]
Print Name of Grantor PATRICE WILBURN

State of ILLINOIS
County of COOK

On 3/27/2006, before me, PEARL G. MARTIN,
appeared PATRICE WILBURN, 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]
Signature of Notary

"OFFICIAL SEAL"
Pearl G. Martin
Notary Public, State of Illinois
My Commission Exp. 09/26/2010

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



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.



Barbara Stewart
Signature of Declarant

BARBARA STEWART
Printed Name of Declarant