

2007 MAR - 1 PM 1:29

MICHAEL A. BROWN
RECORDER

2007 018014

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[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: March 01, 2007

Reference Number of Any Related Documents: _____

Grantor:

Name Nancy Caban & Oliverio Ortiz
Street Address 1456 michigan st.
City/State/Zip Hammond IN 46320

Grantee:

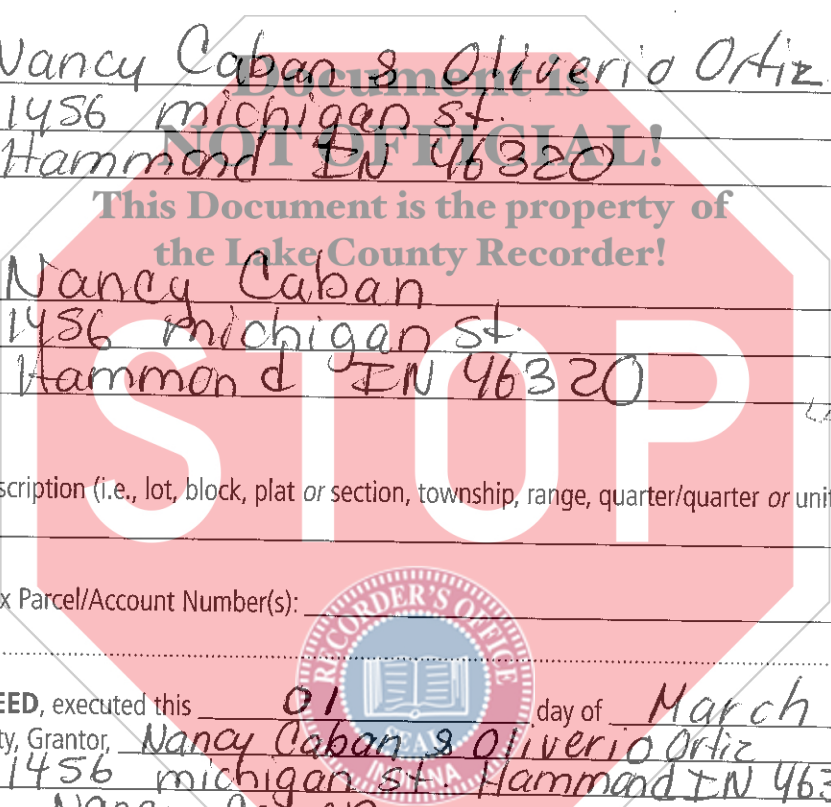
Name Nancy Caban
Street Address 1456 michigan st.
City/State/Zip Hammond IN 46320

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): _____

Assessor's Property Tax Parcel/Account Number(s): _____

THIS QUITCLAIM DEED, executed this 01 day of March, 2007, by first party, Grantor, Nancy Caban & Oliverio Ortiz, whose mailing address is 1456 michigan st. Hammond IN 46320, to second party, Grantee, Nancy Caban, whose mailing address is 1456 michigan st. Hammond IN 46320.

WITNESSETH that the said first party, for good consideration and for the sum of 00.00 Dollars (\$ 00.00) 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



DULY ENTERED FOR TAXATION SUBJECT TO
MAR - 1 2007
LAKE COUNTY AUDITOR
KATONA

18.00
CS
D.D.M.

002952

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: To: legal description 3 TEVES PARK ADD. L. 19
BL. 9 NW 1/4 12 1/2 FT. L 20 BL. 9
From: Property Number: 26-36-0191-0019

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 *Nikkisha M. Joshua*
Print Name of Witness Nikkisha M. Joshua

Signature of Witness _____
Print Name of Witness _____

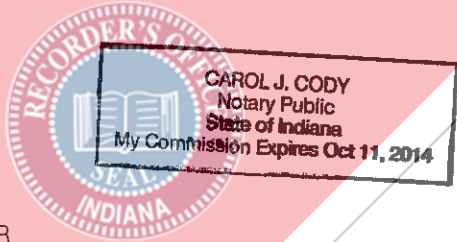
Signature of Grantor _____
Print Name of Grantor _____

State of Indiana
County of Lake

On March 01, 2007, before me, Carol J. Cody,
appeared Nancy Caban Diversa Ortiz, 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.
Carol J. Cody
Signature of Notary

Affiant Known Produced ID
Type of ID Drivers License
(Seal)



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: *[Signature]*