

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME _____

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

TITLE ORDER NO _____ ESCROW NO _____

Tax 21
Brandie Hewlett
415 Langer St
Lowell, IN 46356

SMITH KENNA
LAKE COUNTY
FILED FOR RECORD

2007 030034

2007 APR 11 PM 11

1000 E. MAIN ST
LOWELL, IN 46356

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, **OR**
 computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

Todd Adam Hewlett

Name of Grantors
the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do _____ hereby remise, release and

→ forever quitclaim to Brandie Jean Hewlett

Name of Grantee(s)
the following described real property in the City of Lowell, County of Lake, State of IN

→ 415 Langer Street, Lowell, Indiana, 46356

Lot 59, in Indian Heights Unit No. 9, in addition to the Town of Lowell as per plat thereof, recorded in Plat Book 52, page 13, in the Office of the Recorder of Lake County, Indiana

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

Assessor's parcel No. _____

Executed on April 11 at St. John, Indiana City and State

STATE OF Indiana

COUNTY OF LAKE

On 4/11/07 before me, Stella S. Reszezwski (NAME/TITLE i.e. "JANE DOE, NOTARY PUBLIC")

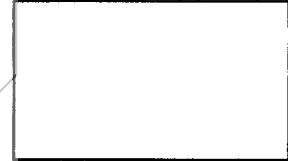
personally appeared TODD HEWLETT personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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.

Stella S. Reszezwski
(SIGNATURE OF NOTARY)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)
 INDIVIDUAL(S)
 CORPORATE OFFICER(S)

PARTNER(S) (TITLE):
 LIMITED
 GENERAL

ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER: _____

SIGNER IS REPRESENTING:
Name of Person(s) or Entity(ies)

16-
D.A.M.
CS

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SBR06

11030

APR 11 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR