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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: May 18, 2007

Reference Number of Any Related Documents: _____

Grantor:

Name James E. Moore
Street Address 3706 West 20th place!
City/State/Zip GARY, INDIANA 46404

Grantee:

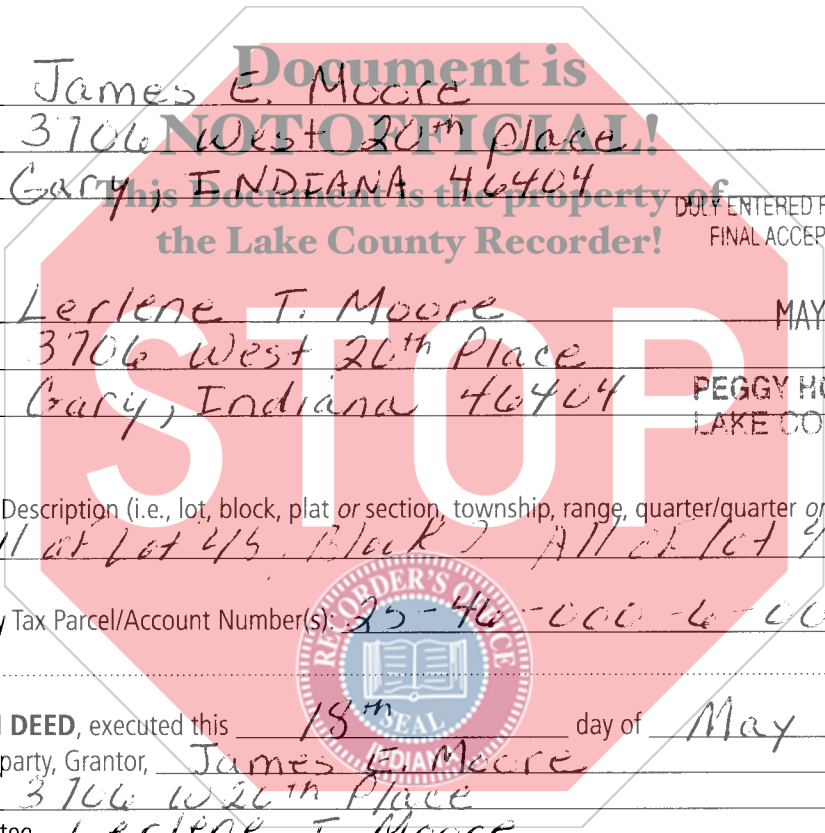
Name Lerlene T. Moore
Street Address 3706 West 20th Place
City/State/Zip Gary, Indiana 46404

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): All of lot 45, Block 7 All of lot 46, Block 7

Assessor's Property Tax Parcel/Account Number(s): 25-46-000-6-0045

THIS QUITCLAIM DEED, executed this 18th day of May, 2007, by first party, Grantor, James E. Moore, whose mailing address is 3706 West 20th Place, to second party, Grantee, Lerlene T. Moore, whose mailing address is 3706 West 20th Place.

WITNESSETH that the said first party, for good consideration and for the sum of 0 Dollars (\$ 0) 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 **006589**



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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: FR MNAS Second Edition All of Lot 45,
Block 2, All of Lot 46, Block 2

25-46-0006-0045

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 Georgia Barton
Print Name of Witness Georgia Barton

Signature of Witness Jenia Heavens
Print Name of Witness Jenia Heavens

Signature of Grantor James Moore
Print Name of Grantor JAMES E. MOORE

State of Lake - Indiana
County of Lake

On 5/18/07, before me, Norma J. Smith,
appeared _____, 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.
Norma J. Smith
Signature of Notary

NORMA JEAN SMITH
Notary Public, State of Indiana
Affiant _____ Know County of Lake reduced ID
Type of ID My Commission Expires 03/25/2008
(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: Debra J. Boy