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.] May Date of this Document: \_ Reference Number of Any Related Documents: 2004-086835 + 2004 68883 DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER Grantor: Name JUN - 5 2007 PEGGY HOLINGA KATONA City/State/Zip LAKE COUNTY AUDITOR Grantee: Name Street Address Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Lot 15 MISTY HILLS UNIT! PLAT BOOK 93 Page 7
W. CREEK TOWNSHIP ACRES 1.042 Assessor's Property Tax Parcel/Account Number(s): THIS QUITCLAIM DEED, executed this 20 07, by first party, Grantor, EDWARD L. Am BROSE whose mailing address is 15612 HIGHLAND second party, Grantee, EDWARD LAMBROSE whose mailing address is 9382 w 1712 WITNESSETH that the said first party, for good consideration and for the sum of \_\_\_\_) 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 **007403** 

thereto in the County of	LAKE		State of INO	ANA
to wit: LOT 15 MI. WEST CREEK	STY HILLS W	VIT I PLAT	BOOK 93 PAGE	£7
WEST CREEK	TOWNSHIP	ACRES 1.040		
1				
<b>IN WITNESS WHEREOF</b> , the sealed and delivered in the pro-	said first party has sign	ed and sealed these pr	esents the day and year fi	rst written above. Signed,
sealed and delivered in the pro-	esence or:	-		
Signature of Witness	Duke	V		
Print Name of Witness	Dust	Racta		
C Time Name of Witness		I Cas I ea		
Signature of Witness	David I	hulls		
Print Name of Witness	DAVID GO	10.66s		
	*			
Signature of Grantor	· · · · · · · · · · · · · · · · · · ·	. ^		
Print Name of Grantor	EDWARE	2 L./1m	BROSE	
- 1-	Do	cument i	S	
State of <u>FND</u> County of <u>Lake</u>	NOW		ATA	
/	NOT	OFFICI	AL	
On <u>5-29-2007</u>	This Docuber	ore me, s TRACE	y GIT ARMER	2
appeared <u>EONAPP</u> to me on the basis of s <mark>atisfa</mark>	Actory evidence) to be	the persons where	personally kr	nown to me (or proved
instrument and acknow <mark>ledg</mark>	ed to me that he/she/	they executed the sar	ne in his/her/their autho	orized capacity(ies)
and that by his/her/the <mark>ir sig</mark> i	nature(s) on the instru	ment the person(s), o	or the entity upon behal	f of which the
person(s) acted, execut <mark>ed th</mark>	e instrument.			
WITNESS my hand and office	ial se <b>a</b> l.			
Mucier	Hames			
Signature of Novary	Julian .		"I AFFIRM, UNDER T	HE PENALTIES FOR
	A	THE DER'S OF THE	PERJURY, THAT I HAT ABLE CARE TO RED	VE TAKEN R <b>eason-</b> Pact each <b>social</b>
Affiant Known	Produced ID		SECURITY NUMBER I	N THIS DOCUMENT.
Type of ID			PREPARED BY: LEd	
(Seal)	E	MOIANA JULIE		
		Chillian Control		
and the second	"OFFICIAL TRACEY G. F	SEAL"		
	Notary Public, State My Commission Exp	te of Indiana		
	wy Commission Exp	ires 10 67.00		