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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.] Date of this Document: Reference Number of Any Related Documents: Grantor: Name DULY ENTERED FOR TAXATION SUBJECT TO Street Address FINAL ACCEPTANCE FOR TRANSFER City/State/Zip Grantee: JUN 0 7 2007 Name PEGGY HOLINGA KATONA Street Address LAKE COUNTY AUDITOR City/State/Zip 11966 Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and 2nd Gary Add All Lots 1+2 BL.9 condo name): F.D. Barnes' Assessor's Property Tax Parcel/Account Number(s): THIS QUITCLAIM DEED, executed this whose \_, by first party, Grantor, John mailing address is 319 second party, Grantee,

Page 1 of 2

Dollars (\$ / O O ) 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,

WITNESSETH that the said first party, for good consideration and for the sum of \_\_\_\_One\_

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whose mailing address is \_\_\_\_\_\_ 106

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
to wit: Lot I and 2, Block 9 in F. O. Barnes Bary
Addition to Hobert, Gary, Indiana, as recorded in
Resource of the
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:
$O_{10}$ $O_{10}$
Signature of Witness
Print Name of Witness Lelenca Velasquez
Signature of Witness
Print Name of Witness Jeannette Grimaldi
Signature of Grantor Locky W. Martin
Print Name of Grantor John W Martin
State of OCLONO Document is County of DOCLONO Document is County of Do
MITNESS:mi hand and official seal.  "I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASON-
Signature of Notary  ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT.
UNLESS REQUIRED BY LAW."
Affiant Known Produced ID
Type of ID 50. 8934-21-9800
(Seal)
"OFFICIAL SEAL" APRIL D. CASPER NOTARY PUBLIC, STATE OF INDIANA COUNTY OF PORTER MY COMMISSION EXPIRES 09/23/2011