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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 JUL 12 PM 12: 42

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.]

Quitclaim Deed
Date of this Document: O7 12 07
D. farrar and Marriagn of Army Deleted Decompositor
Grantor: Name DAVID J. ESTRADA Street Address OH3 SOUTH ST. LINIT 308
Name DAVID J. ESTRADANTIS PEGG'COUN'
Street Address 643 South St unit 308
City/State/Zip MUNSTER IN, 46321
This Document is the property of
Grantee: the Lake County Recorder!
Name DAVID J. ESTRADA AND MARY JO ALBANO
Street Address South St unit 308
City/State/Zip MUNSTER, IN 4632
Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and
condo name): AUTURN RIDGE CONDO AP+ #308 underground garage space
Assessor's Property Tax Parcel/Account Number(s): 18 28 0504 0020
Assessor's Property (ax Parcell Account Number(s).
THIS QUITCLAIM DEED, executed this 2007, by first party, Granton, DAVID J. ESTRADA, whose
mailing address is 643 South St. unit 308 Munster In 46321, to
second party, Grantee, DAVIDJ ESTRADA AND MARY JO ALBANO
whose mailing address is 643 504th St +308 MUNSTER, IN 46321
WITNESSETH that the said first party, for good consideration and for the sum of

which the said first party has in and to the foll	owing described parcel of land, and improvements and appurtenances
thereto in the County of LAKE to wit: AUTUMN RIDGE CO	NDOMINIUMS APT #308
underground garage	SOAR
	THE STATE OF THE S
IN WITNESS WHEREOF , the said first party has s sealed and delivered in the presence of:	signed and sealed these presents the day and year first written above. Signed,
Signature of Witness	ele Hoorlied
Print Name of Witness ———————————————————————————————————	CLA GOODEICH
Signature of Witness	Poleele
Print Name of Witness MARY	BDIERKES
Signature of Grantor <u>Mariel</u>	Estrea
Print Name of Grantor DAVI	O J. ESTRADA
to me on the basis of satisfactory evidence) to instrument and acknowledged to me that he/sl	before me, PSSICA WARD Lake County My Commission Expires May 6, 2012
Type of ID OC SQII-OU-(0820)	"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW." PREPARED BY: May Calhano
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