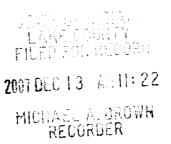
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Above Space Reserved for Recording

[If required by your jurisdiction, list above the name & address of: 1) where to re	turn this form; 2) preparer; 3) party requesting recording.]
Quitclaim Deed	DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
Date of this Document: 12-12- a 7	P. O. EH
Reference Number of Any Related Documents:	PEGGY HOLINGA KATONA
Grantor: Name For 10 - Conference of the confe	LAKE COUNTY AUDITOR AKA ERIC GIRI PEN
Street Address 137 WS# 318+ 710	
City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip City/State/Zip	
Name Enic Light FF. n. An	1) FLIZABETH LOKIFFIN
Street Address City/State/Zip City/State/Zip City/State/Zip	
Abbreviated Legal Description (i.e., lot, block, plat or section, township condo name): Eastoner L. G. Bl. J. M.	nip, range, quarter/quarter or unit, building and
Assessor's Property Tax Parcel/Account Number(s): 001-35	- 42-0072-0009
THIS QUITCLAIM DEED, executed this 20, 7, by first party, Grantor, Fair Garage mailing address is 437 w57 5151 F1 Garage whose mailing address is 437 w57 5137 p	day of Accivition, whose ary IN 4640g, to DELIZABETH L'EMIFFICATION BOOK TO THE MENTER
WITNESSETH that the said first party, for good consideration and for Dollars (\$) paid by the said second party, the does hereby remise, release and quitclaim unto the said second party.	e receipt whereof is hereby acknowledged,
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which the said first party ha thereto in the County of	LAKE		, Sta	l, and improve te of	ments an	d appurtenar	nces
to wit: KNEWN 35-12	Rhud	15/100	c . ^ý				
EASTONE L	9 BL 1	N. 11	F+ L10	B1 15	12	Yzff	<u>Z</u> s _
IN WITNESS WHEREOF , the sealed and delivered in the pre	said first party ha	s signed and seale	ed these presents t	the day and yea	ar first wri	tten above. Sig	jned,
Signature of Witness							
Print Name of Witness							
Signature of Witness							
Print Name of Witness							
Signature of Grantor Print Name of Grantor	Enic		A AK	A EN		Jeg F	FN
State of	NO	ocum TOFI	ent is	L!			
	ctory evidence) ted to me that he nature(s) on the	o be the person /she/they execut	(s) whose name(sed the same in h	, personally s) is/are subsc nis/her/their au	known tribed to tatherized	he within capacity(ies),	
WITNESS my hand and offici	al seal.						
Signature of Notary		SECULIA DE R	5033	May	No Star	ROL J. CODY otary Public te of Indiana on Expires Oct 1	1, 2014
Affiant Known Type of ID DR, Vers (Seal)	Produced ID	PERJURY ABLE CA SECURIT	M. UNDER THE Y. THAT I HAVE TO RE TO REDACT Y NUMBER IN THE REQUIRED BY LE D BY:	TAKEN REASC T EACH SOC HIS DOCUME!	DN- IAL		
		(P\land PM \land	nger med t. F. specialistic constitution of the special state of the spe				

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