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MICHARL A. BAOWN RECORDER

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## **Quitclaim Deed**

	Date of this Document: 12 - 20 - 2007
	Reference Number of Any Related Documents:
	Grantor: Relucca Comon ANNIECEHUNTER
	Name Repecca Cannon direcce Humler Hum Lyme
1	Street Address City/State/Zip City/State/Zip
	This Document is the for perty Vigen Dury
	Name Street Address  Grantee:  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  The Lake County Recorder!  Michael Myers / Shirleen Myers  The Lake County Recorder!  The Lake County Recorder R
	Street Address City/State/Zip  DEC 28 2007
	City/State/Zip  PEGGY HOLINGA KATON  Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and KATON condo name): Oak Pack Add. BL. 22 lots 35+36 + 5-1/2 0F (ct 9) Trop
	Assessor's Property Tax Parcel/Account Number(s): 25-46-0150-0036
	THIS QUITCLAIM DEED, executed this day of December 2007, by first party, Grantor, were forwheld scalament anniew Hunter whose mailing address is 2549 Mark land 5+ Chary End 46407, to second party, Grantee, Shill Myers Whose mailing address is 7399 Bracken PKWY Hobart In 46342
	WITNESSETH that the said first party, for good consideration and for the sum of One of lac  Dollars (\$_\frac{1}{\cdot \cdot \c
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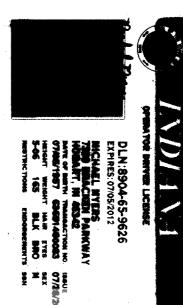
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<b>N WITNESS WHEREOF</b> , the ealed and delivered in the pi	e salu ilist pari resence of:	ly rias signed	and sealed	tnese pres	ents th	e day	and y	ear ti	rst writt	en above. Signed,
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Signature of Witness										
Print Name of Witness								-		
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Signature of Witness										
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Signature of Grantor	Relie	cca Ca	22 reserve	ans	UELL	Hu	nt	3 7	Liver	s Lyons
Print Name of Grantor	Tebe	cra Co	Der all	a N/1	IFC	EHL	INT	- (/ - R	ducia	,s Lyons
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nd that by his/her/their sig	inature(s) on	the instrum	ent the per	son(s) or	the en	/ner/t titv ur	neir a	ehall	of whi	apacity(ies),
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