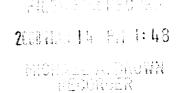
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LF298-04 R298-04

## **QUITCLAIM DEED**

THIS QUITCLAIM DEED, executed this  $\int \mathcal{U}^{\dagger k}$ day of March 2008. py first party. Grantor, Kathryn A. Combs whose post office address is 2710 Schrage Ave. Whiting, In. 46394 to second party, Grantee, Henry E. Combs whose post office address is 2512 white Oak Ave Whiting In 44394 Document is 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 quitelaim unto the said second party forever, all the right, title, interest and claim 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 State of Lot 4 in Sallivan - Tokarz Company's Second addition, in the city of Hammond, as per plat thereof, recorded in Plat book 14, page 2, in the Recorders Office of take County Indiana more Commonly Known and described 95 2512 White Oak Avenue, Whiting, In. 416394 Key no 36-148 GOY (Unit No. 24) **DULY ENTERED FOR TAXATION SUBJECT TO** FINAL ACCEPTANCE FOR TRANSFER

> MAR 1 4 2008 5071

PEGGY HOLINGA KATONA

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Page 1

IN WITNESS WHEREOF, The said first above written. Signed, sealed and de	st party has signed and sealed these presents the day and year
This above written, signed, scared and de	Laxhum a. Comb
Signature of Witness	Contract to the contract of th
Signature of witness	Kathryn A. Combs
N. H. Z. Z.	Diet name of First Party
Print name of Witness	Print name of First Party
Signature of Witness	Signature of First Party
Print name of Witness	Print name of First Party
Some TAINIANA	
State of 100/1/10	
State of INDIANA County of LARE On MARCH 17, 2008 before n	no. CAROL J. CODY
appeared KATHRYN A. ComBS	
nersonally known to me (or proved to me	e on the basis of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within ir	instrument and acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity	(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of w	hich the person(s) acted, executed the instrument. CAROL J. CODY Notary Public
WITNESS my hand and official seal	Notary Fubili
Carol D. Cold I	ocument is  State of Indiana  Any Commission Expires Oct 11, 20
C' EN - ST	
• • • • • • • • • • • • • • • • • • • •	M. UNDER THE PENALTIES FOR Known Produced ID
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	REQUIRED BY LAW egorder!
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same in his/her/their authorized capacity	y(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of w	which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.	
	DER'S ON
Signature of Notary	
Signature of 140th y	Affiant Known Produced ID
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	Signature of Preparer
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	Print Name of Preparer
	Address of Preparer

