

STATE OF INDIANA  
LAKE COUNTY  
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2008 JUN 19 PM 12:39

MICHAEL A. BROWN  
RECORDER

2008 044939

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[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: 6-19-08

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

Reference Number of Any Related Documents: # 0359229550

JUN 19 2008

Grantor:

Name

KAREN VISINAIZ

Street Address

6215 HARRISON AVE

City/State/Zip

HAMMOND, IN. 46324

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

010501

Grantee:

Name

KAREN VISINAIZ AND SHARON L. BENNINGHOFF

Street Address

6215 HARRISON AVE

City/State/Zip

HAMMOND, IN. 46324

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): FRANKLIN ADD. L. 54 BL. 6

Assessor's Property Tax Parcel/Account Number(s): 007-26-33-0155-0044

**THIS QUITCLAIM DEED**, executed this 19th day of JUNE, 2008, by first party, Grantor, KAREN VISINAIZ, whose mailing address is 6215 HARRISON AVE, HAMMOND, IN. 46324, to second party, Grantee, KAREN VISINAIZ AND SHARON BENNINGHOFF, whose mailing address is 6215 HARRISON AVE, HAMMOND, IN. 46324.

**WITNESSETH** that the said first party, for good consideration and for the sum of \$ Dollars (\$ ) 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,

1800  
CASH  
PB

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 INDIANA to wit: FRANKLIN ADD. L. 54 BL. 6 TAX PARCEL / ACCT #  
007-26-33-0155-0044

**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:

Signature of Witness \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Grantor Karen Visinairiz

Print Name of Grantor KAREN VISINAIRIZ

State of Indiana

County of LAKE

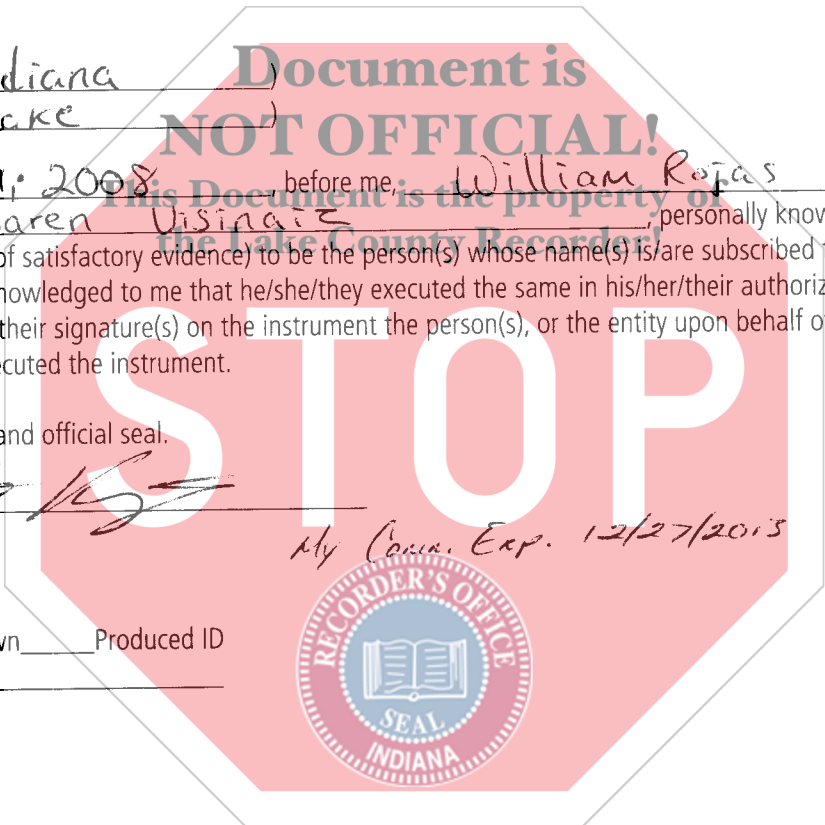
On June 19, 2008 before me, William Rojas, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

William Rojas  
Signature of Notary

My Comm. Exp. 12/27/2013

Affiant        Known        Produced ID         
Type of ID         
(Seal)





**INDIANA**

OPERATOR DRIVER LICENSE



DLN: 8943-75-3843  
EXPIRES: 06/06/2009

**KAREN A VISINAIZ**  
6215 HARRISON ST  
HAMMOND, IN 46324

DATE OF BIRTH	TRANSACTION NO.	ISSUE			
06/06/1943	50630900141	05/10/2005			
HEIGHT	WEIGHT	HAIR	EYES	SEX	
5-02	120	BRO	BLU	F	
RESTRICTIONS	ENDORSEMENTS	SSN			
A					

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**STOP**

