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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 046493

2008 JUN 26 AM 10:43

MICHAEL A. BROWN  
RECORDER

# QUIT CLAIM DEED

(Trust to Individual)

THE GRANTOR, David Dickson as Sole Trustee of The Dickson Living Trust, Dated the 15<sup>th</sup> day of August, 2007, for and in consideration of Ten Dollars (\$10.00) and other good and valuable considerations acknowledged and in hand paid,

CONVEYS AND QUIT CLAIMS to David Dickson of 811 194<sup>th</sup> Place, in the City of Chicago Heights, County of Cook in the State of Illinois, all interests in the following described real estate situated in the Town of St. John, Lake County, Indiana, to-wit:

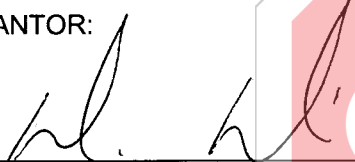
Lot 31 in Rosewood Estates, Phase 1, an Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 89, page 23, in the Office of the Recorder of Lake County, Indiana.\*\*\*

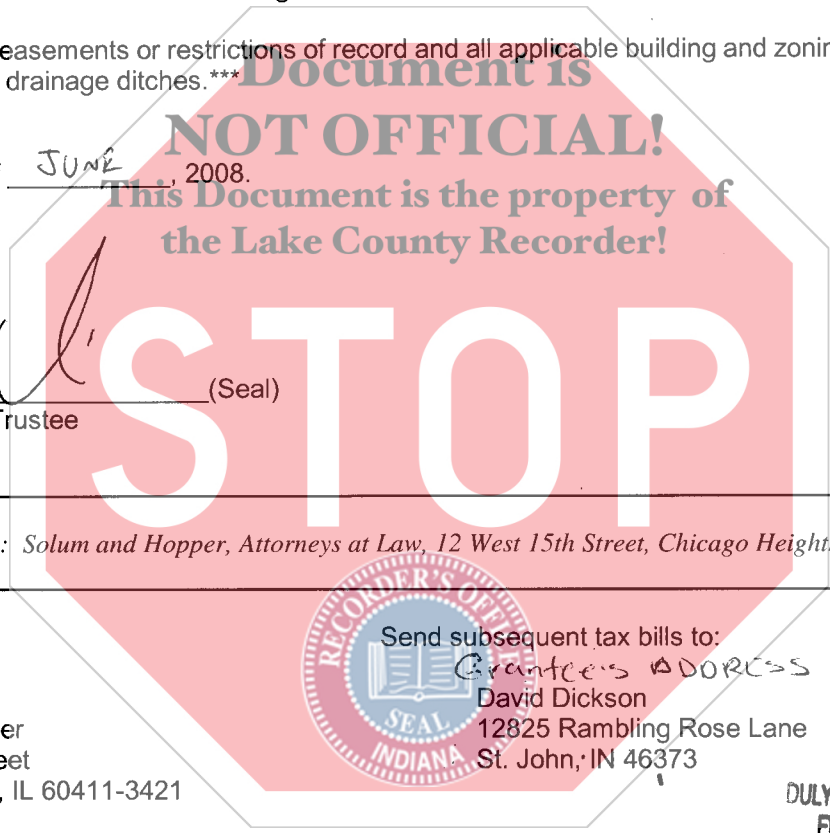
Commonly described as 12825 Rambling Rose Lane, St. John, IN 46373.

Subject to all covenants, easements or restrictions of record and all applicable building and zoning laws and ordinances and possible rights of tile and drainage ditches.\*\*\*

DATED: This 24 day of JUNE, 2008.

GRANTOR:

  
\_\_\_\_\_  
David Dickson, Trustee (Seal)



This document prepared by: *Solum and Hopper, Attorneys at Law, 12 West 15th Street, Chicago Heights, IL 60411*

Mail to:

↓  
J. Brent Hopper  
Solum and Hopper  
12 West 15<sup>th</sup> Street  
Chicago Heights, IL 60411-3421

Send subsequent tax bills to:  
Grantee's ADDRESS  
David Dickson  
12825 Rambling Rose Lane  
St. John, IN 46373

1800  
V# 2239  
PB

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

JUN 26 2008

090642

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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**CERTIFICATE OF EXTENSION**  
Licenses expires four (4) years from  
expiration date on the face of license.  
JOSIE WILK  
Illinois Secretary of State

THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM  
ANATOMICAL GIFT ACT OR SIMILAR LAWS  
I hereby make an anatomical gift, effective upon my death

Any organ or tissue  
 Only the following:

Signature of donor \_\_\_\_\_  
WITNESS \_\_\_\_\_  
WITNESS \_\_\_\_\_

DATE \_\_\_\_\_  
Blood Type \_\_\_\_\_  
RHL Factor \_\_\_\_\_

Medical Information /  
Living Will  
Seal Area

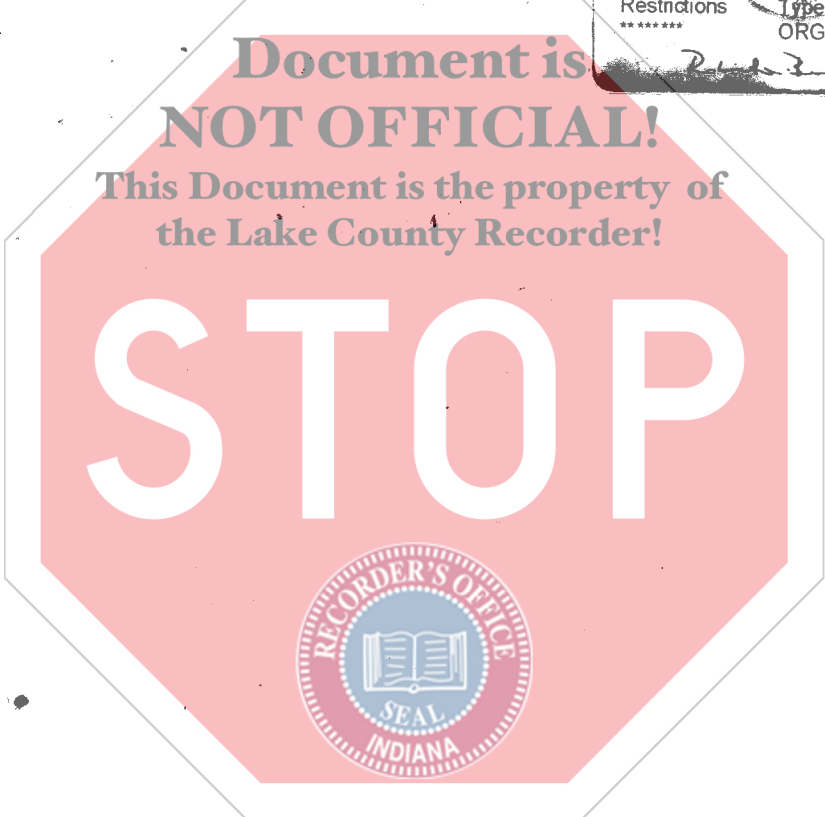
Illinois

Jesse White - Secretary of State

NUMBER ISSUED EXPIRES  
B200-7206-2841 08-20-01 08-24-05

ROBERTA BUOSCIO  
3081 E 194TH PLACE  
LANSING ILL 60441

Birthdate 08-24-62 SS  
Female 500, 120 lbs BRN Eyes  
Restrictions Type Class  
\*\*\*\*\* ORG D



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