

3

2008 060193

2008 AUG 25 PM 2:27

THOMAS L. BROWN
RECORDER

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 21TH day of NOVEMBER,

2006 (year),

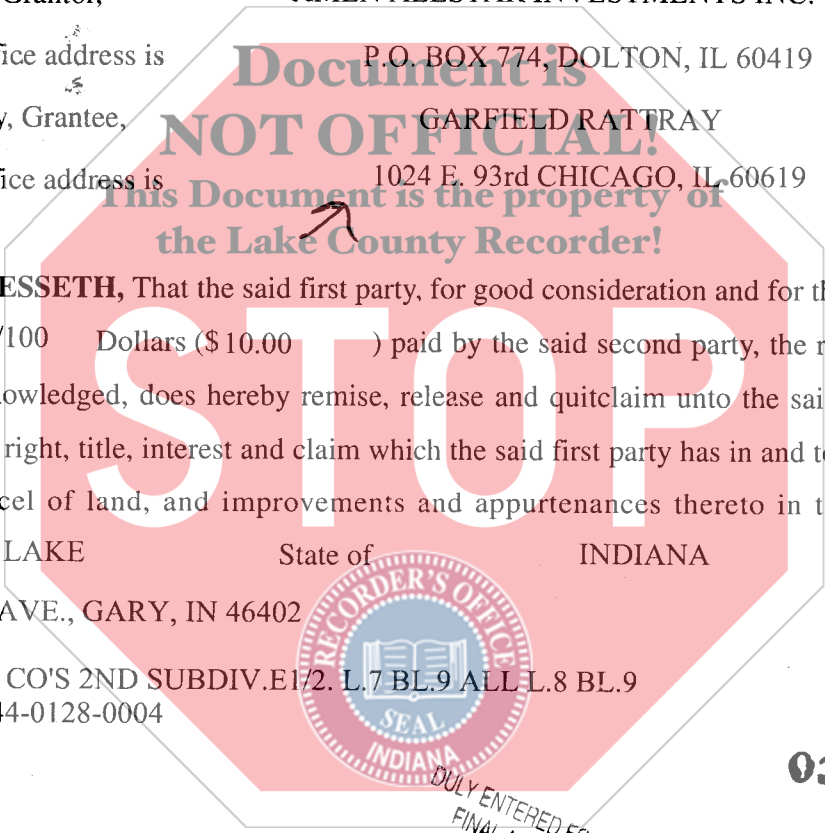
by first party, Grantor, AMEN ALLSTAR INVESTMENTS INC.

whose post office address is P.O. BOX 774, DOLTON, IL 60419

to second party, Grantee, GARFIELD RATTRAY

whose post office address is 1024 E. 93rd CHICAGO, IL 60619

(TAXES)



WITNESSETH, That the said first party, for good consideration and for the sum of TEN & 00/100 Dollars (\$10.00) 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 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:

1210 W. 5TH AVE., GARY, IN 46402

GARY LAND CO'S 2ND SUBDIV.E1/2. L.7 BL.9 ALL L.8 BL.9
TAX NO. 25-44-0128-0004

011807

[Signatures on following page.]

Page 1 of 2.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 25 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

lw
Initials of First Party

20-
CS/SK

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Shawna Watson
Signature of First Party, Grantor

Print name of Witness

SHAWNA WATSON
Print name of First Party

Signature of Witness

Signature of First Party, Grantor

Print name of Witness

Print name of First Party

STATE OF _____ }
COUNTY OF _____ }

On _____ before me, _____,
appeared _____,
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.

Wanda Brown
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____

(Seal)



Signature of Preparer

Print Name of Preparer

Address of Preparer

Initials of First Party



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL A. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

This document has been recorded as presented.
It may not meet with **State of Indiana** Recordation requirements.

1. STAINED DOCUMENT AT TIME OF RECORDING _____
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
3. PAGE (S) MISSING AT TIME OF RECORDING _____
4. ATTACHEMENTS MISSING AT TIME OF RECORDING _____
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING _____
7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED _____
10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS. _____

CUSTOMER INITIALS LA DATE: 25/0/08

EMPLOYEE INITIALS SS DATE: 8/25/08

Signature of Preparer not included



**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

STOP

