

## **7** 2008 053030

Above Space Reserved for Recording [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**

	er of Any Related Documents:
Mererence manibe	Crorring Neduced Documents.
Grantor:	Dogganantia
Name	OAV Linited Productions
Street Address	168X4NS) ELDIS AVE A D.
	South Hot LAnder It Il or 60 DULY ENTERED FOR TAXATION
City/State/Zip	the Lake County Recorder!  HNAL ACCEPTANCE FOR TRANSFER
Grantee:	
Name	MICHAEL MARKIENICZ SEP 08 2008
Street Address	1718 Woodmar Ave. PEGGYHOUNGAMAN
City/State/Zip	HAMMOND, IN 4632 3 LAKE COUNTY AUDITOR
City/State/Zip	
ALL	
Abbreviated Lega	al Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and GARY CITY ESTATE LESTATE
	DERS
Assessor's Proper	erty Tax Parcel/Account Number(s): 45-07-01-328-002.000-00
TIME OUTEL AN	IM DEED executed this 8+ had day of SEATENBER
20 O S by fire	The state of the s
mailing address is	is 16814 5 ELLS AVE South HOLLAND, IN 604/to
SPONIO DAILY GIA	
whose mailing ac	oddress is 6718 WoodMAR AVC. HAMMOND, IN 46323 P
NAME TO SECUENCE AND ADDRESS OF THE	hat the said first party, for good consideration and for the sum of 100011425
AAIIIAE22FIH IL	nat the said first party, for good consideration and for the sum of 100000000000000000000000000000000000

Page 1 of 2

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which the said first pa thereto in the County to wit:	of Are	ollowing described	parcel of land, and, State of		appurtenances
to wit.	Any IN		my.		
_ EARY CI	TY ESTAT	ES 4,8	BL. G		-
IN WITNESS WHEREO sealed and delivered in		is signed and sealed t	hese presents the d	lay and year first writte	en above. Signed,
Signature of Witness	<u></u>				
Print Name of Witnes	55				
Signature of Witness					
Print Name of Witnes					
Signature of Grantor Print Name of Granto	Ocei	A. JAN:	ELS) JK	2.	
State of	re No	ocume:	nt is		
On	wledged to me that he	e/she/they executed	whose name(s) is/ the same in his/h	er/their authorized c	e within apacity(ies),
and that by his/her/the person(s) acted, execu		instrument the pers	son(s), or the entit	y upon behalf of whi	ich the
WITNESS my hand and	d official seal.				
Signature of Matary			AND THE PROPERTY OF THE PROPER	UNIT DANIEGED	
AffiantKnown_	Produced ID		NOYARY Lai	LINE SANFORD ke County mission Expires mber 3, 2015	
Type of ID (Seal)	nois Phiver	NUTERS CENT			
		THAT THE PARTY OF			

