## QUIT CLAIM DEED IN TRUST

STATE OF INDIAN.
LAKE COUNTY
FILED FOR RECORU

2008 065290

2008 SEP 17 AH 11: 14

MICHAEL A. BROWN RECORDER

The Grantor, LEANN D. WILCZEWSKI, a widow. of the County of Lake, State of Indiana, in consideration of TEN (\$10.00) DOLLARS, and other good and valuable consideration paid, convey(s) and quit-claim(s) unto LEANN D. WILCZEWSKI, trustee of the LEANN D. WILCZEWSKI REVOCABLE LIVING TRUST FOR REAL ESTATE dated the 1014 day of uly 2008, the following described real estate situated in Lake County, and State of Indiana, to-wit: THE NORTH 9 FEET OF LOT 32, ALL OF LOTS 33, 34 AND THE SOUTH 3 1/2 FEET OF LOT 35, BLOCK 2, J. R. BRANT'S PARKVIEW ADDITION, IN THE CITY OF HAMMOND AS SHOWN IN PLAT BOOK 20. PAGE 21, IN LAKE COUNTY, INDIANA.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

PEGGY HULLINGA KATONA LAKE COULT AUDITOR

Key No. 26-32-0069-0033

Property Address: 7432 Alabama Avenue, Hammond, IN 46323 \*\*Reserves Life Estate in Leann D. Wilczewski\*\*

To have and to hold the real estate with the appurtenances attached thereto upon the trusts and for the uses and purposes stated herein and in the Trust Agreement.

in Witness whereof, the Grantor aforesaid has hereunto set her hand and seal this 1044 day of 1/2 day of 1/2,

This Document is the Lake County LEANN D. WILCZEWSKI (Seal)

STATE OF ILLINOIS

)ss

COUNTY OF COOK

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HER EBY CERTIFY that LEANN D. WILCZEWSKI, a widow, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 10th day of July, 2008.

Commission Expires:

Official Seal
Pauline Marie Ciancanelli-Acres
Notary Public State of Illinois
My Commission Expires 06/21/2010

NOTARY PUBLIC Tancan approver.

I affirm, under the penalties for perjury, that I have taken leasonable care to redacteach Social Security number in this document, unless required by law.

David G. Clark

Prepared By: David G. Clark, 18525 Torrence Avenue, Lansing IL 60438

MAIL TAX BILL TO: Grantee's Address

Leann D. Wilczewski 2847 W. 135th Lane

Crown Point, IN 46307

013811

RECORD & RETURN TO: David G. Clark, Attorney 18525 Torrence Ave., E-2 Lansing IL 60438

 $\leftarrow$