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2008 067261

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 SEP 26 AM 9:35

MICHAEL A. BROWN
RECORDER

Above Space Reserved for Recording

Quitclaim Deed

Date of this Document: September 26, 2008

Reference Number of Any Related Documents: 25-45-0093-0001

Lienholder:

Name Kathleen Bowen
Street Address 2302 Rhode Island St.
City/State/Zip Gary, IN 46407

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Property Holder:

Grantees Address
Name Kathleen Bowen and or
Antoinette M. Williams
Street Address 2302 Rhode Island St.
City/State/Zip Gary, IN 46407

SEP 26 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Ironwood unit AL1BL12N 10 feet of L2BL12DOC2003-038913

Assessor's Property Tax Parcel/Account Number(s): 25-45-0093-0001/ and 81404

THIS QUITCLAIM DEED, executed this 26th day of September, 2008, by first party, Grantor, Kathleen Bowen, whose post office address is 2302 Rhode Island St. Gary, IN 46407, to second party, Grantee, Kathleen Bowen and or Antoinette M. Williams, whose post office address is 2302 Rhode Island Street Gary, IN 46407

WITNESSETH, That the said first party, for good consideration and for the sum of Zero Dollars (\$0.00) 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,

1800
CASH
PB

015213

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:

Ironwood Unit A L. 1 BL 12 North 10 feet of L. 2 BL 12 ~~Doc 570~~

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: _____

Print Name of Witness: _____

Signature of Witness: _____

Print Name of Witness: _____

Signature of First Party: *Kathleen Bowen Antoinette M. Williams*

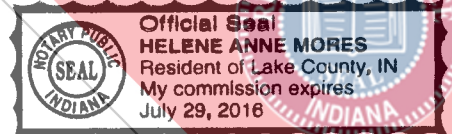
Print Name of First Party: Kathleen Bowen and or Antoinette M. Williams

State of: Indiana
County of: Lake

On 9/26, 2008, before me, HELENE ANNE MORES, appeared Kathleen Bowen Antoinette M. Williams, 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.

Signature of Notary: *Helene Anne Mores*

Affiant _____ Known Yes Produced ID _____
Type of ID License
(Seal)



"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: _____

 **INDIANA**
OPERATOR DRIVER LICENSE

Kathleen Bowen

DLN:8925-25-0974
EXPIRES:10/28/2009

KATHLEEN BOWEN
2302 RHODE ISLAND ST
GARY, IN 46407

DATE OF BIRTH	TRANSACTION NO.	ISSUE		
10/28/1939	50651830003	09/16/2005		
HEIGHT	WEIGHT	HAIR	EYES	SEX
5-01	153	BLK	BRO	F
RESTRICTIONS	ENDORSEMENTS	SSN		
B				

