

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

APR 15 2009

PEGGY HOUNGA KATONA  
LAKE COUNTY AUDITOR

2009 024232

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2009 APR 15 PM 2:05  
MICHAEL A. BROWN  
RECORDER

Recording requested by: \_\_\_\_\_

When recorded, mail to: \_\_\_\_\_

Name: MAURICE HOLLISTER

Address: 6541 DELAWARE

City: Hammond

State/Zip: IN 46323

Space above reserved for use by Recorder's Office

Document prepared by:

Name MAURICE HOLLISTER

Address 6541 DELAWARE

City/State/Zip Hammond IN 46323

Property Tax Parcel/Account Number:

### Quitclaim Deed

**NOT OFFICIAL!**

This Quitclaim Deed is made on April 15 2009, between

MAURICE HOLLISTER Kimberly Shanner Grantor, of 6541 DELAWARE  
\_\_\_\_\_, City of Hammond, State of IN,

and MAURICE HOLLISTER, Grantee, of 6541 DELAWARE  
\_\_\_\_\_, City of Hammond, State of IN.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 6541 DELAWARE  
\_\_\_\_\_, City of Hammond, State of IN:

Hessville Park Add N 10ft. of L. 21 Bl 3 s. 32 F. of L. 22 Bl 3

1800  
CS  
Rd? **002827**

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of \_\_\_\_\_ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 4-15-09

Maurice Hillister Kimberly Shannon  
Signature of Grantor

MAURICE HILLISTER Kimberly Shannon  
Name of Grantor

Krystal Bishop  
Signature of Witness #1

Krystal Bishop  
Printed Name of Witness #1

Tiffanie Ball  
Signature of Witness #2

Tiffanie Ball  
Printed Name of Witness #2

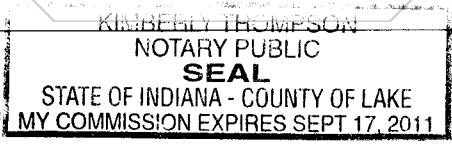
State of Indiana County of Lake  
On 4/15/09, the Grantor, Maurice Hillister, Kimberly Shannon  
personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Kimberly Thompson  
Notary Signature

"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."  
DATED BY: MH

Notary Public,  
In and for the County of Lake State of Indiana

My commission expires: \_\_\_\_\_ Seal



Send all tax statements to Grantee