2009 071543

STATE OF INDIANA LAKE COUNTY FILED FUR RECORD

2009 OCT 23 PM 2: 24

MICHAEL A. BROWN RECORDER

LF298-04 R298-04

QUITCLAIM DEED

	THIS QU	UTCLAIM DEED,	executed this	day of	,	20 ,
	by first party, Gra	ntor, Carolyn	D. Alten			
	whose post office	address is 615	RhodeIsle	md, Garyi	In 4641	2
\rightarrow	to second party, G	rantee, Micha	el C.Aller	n and Care	Sundan	<u> </u>
CAXES.	whose post office	address is 615	Rhode Is Docume	and Gar	y In.	46402
	WITNES	SETH, That the said	l first party, for goo	od consideration and fo		
	and quitclaim unto party has in and to the County of	the said second par the following descri	ty forever, all the ribed parcel of land,	Dollar by acknowledged, do light, title, interest and and improvements and the of Tholar	es hereby remise claim which the d appurtenances to	said first hereto in to wit:
	Lot 4 a	nd The N	orth 107	cect of Lo	15 IN	BLOCKS
	69 ING	ARY Land	Company A	p First 80 Per Plat	bdivisic	on, In Regardo
•	The City	9 01 0/0	<u> </u>		0	TIL
	THE OF)	FICE OF 7	HE RECOF	BOOK 6 PA	AKECOU	NTY.
	COMMONUL DULY ENTERED FOR TAX FINAL ACCEPTANCE	g Known a ATION SUBJECT TO FOR TRANSFER	75 615 R	hode Island	Gary.	In 46862

OCT 23 2009

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Rev. 10/02

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AKAK

first above written. Signed, sealed and delivered in prese	ned and sealed these presents the day and year
A A A A A A A A A A A A A A A A A A A	Naus lan All
Signature of Witness	Signature of First Party
Shirlanda N. Taylor	Coralian D. Alle
Print name of Witness	Print name of First Party
Signature of Witness	Signature of First Party
	Michael Alkn Sr
Print name of Witness	Print name of First Party
State of yoliano }	
On 10-22-2009 before me, appeared	,
	actic footows and demand to be the manual (a) and
personally known to me (or proved to me on the basis of name(s) is/are subscribed to the within instrument and ac	knowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies), and that by	y his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) WITNESS my hand and official seal.	s) acted, executed the instrument.
2 Marta low	
Signature of Notary	nt 1s
NOT OFFI	Affiant Known Produced ID Type of ID
This Document is th	
State of Indiana the Lake County	Recorder!
County of Lake before me,	Recorder!
County of County	
County of County	satisfactory evidence) to be the person(s) whose knowledged to me that he/she/they executed the
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