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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 012950

2010 MAR 10 AM 10:50

MICHELLE R. FAJMAN
RECORDER

Recording requested by: _____ Space above reserved for use by Recorder's Office
 When recorded, mail to: _____ Document prepared by: _____
 Name: SANDRA M. PEYOVICH Name _____
 Address: 1642 LAPORTE Address _____
 City/State/Zip: WHITING, INDIANA 46394-1603 City/State/Zip _____
 Property Tax Parcel/Account Number: 45-03-06-456-030-000-025

Quitclaim Deed

Document is

This Quitclaim Deed is made on MARCH, 2010, between
SANDRA M. PEYOVICH AND ET AL OF LAKE COUNTY, INDIANA OLGA M. PEYOVICH

WHITING, City of INDIANA, State of INDIANA (QUIT CLAIMS),
 TO: SANDRA M. PEYOVICH 1642 Laporte Whiting, Indiana 46394

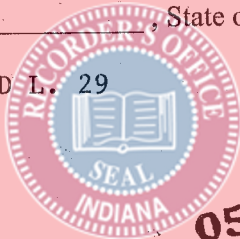
whiting, City of Indiana, State of Indiana

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 1642 LAPORTE

WHITING, City of INDIANA, State of INDIANA 46394

LEGAL: DAVIDSON'S 10TH ADD L. 29

DULY ENTERED FOR TAXATION SUBJECT TO
 FINAL ACCEPTANCE FOR TRANSFER



051366

MAR 10 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

Taxes for the tax year of 10/11 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

1800
CS
RM

Dated: MARCH 9, 2010

Olga Peayovich
Signature of Grantor
OLGA PEAYOVICH

Name of Grantor
OLGA PEAYOVICH

Mary Dobrijević Signature of Witness #1
MILICA DOBRITJEVIĆ Printed Name of Witness #1
Milica Martinović Signature of Witness #2
MILICA MARTINOVICH Printed Name of Witness #2

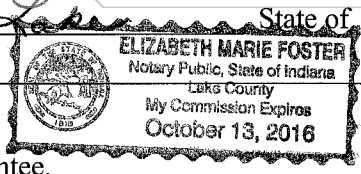
State of INDIANA County of LAKE

On MARCH 10, 2010, the Grantor, OLGA PEAYOVICH, 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.

Elizabeth Marie Foster
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.
PREPARED BY: E. Foster

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

My commission expires: October 13, 2016 Seal



Send all tax statements to Grantee.