

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 069065

2010 NOV 24 AM 8:42

QUIT CLAIM DEED

RETURN TO:
WORLDWIDE RECORDING, INC.
9801 LEGLER PD
LENEXA KS 66219
1-800-316-4682

MIC... AN
RECORDER

NATIONS FILE# 10NL30943
PARCEL: 45-10-13-354-001.000-034

10WV2.14846

This indenture witnesseth that Grantors DEBRA VENDL WHO TOOK TITLE AS DEBRA FOX MARRIED TO ROBERT VENDL, whose mailing address is 30 CHATEAU DR. in LAKE County, in the State of Illinois convey and Quit Claim their interest to DEBRA VENDL, A MARRIED PERSON, mailing address of first named grantee is 30 CHATEAU DR. in LAKE County in the State of ~~Illinois~~ Indiana (w)

For and in consideration of ~~TEN AND 00/100 DOLLARS~~ ^{zero 10} and other good and valuable consideration, the receipt thereof is hereby acknowledged, the following real estate in LAKE County in the State of ~~Illinois~~ Indiana to wit;

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, STATE OF INDIANA:

LOT 25 IN CHATEAU WOODS, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 68 PAGE 16 AND AS AMENDED BY PLAT OF CORRECTION RECORDED FEBRUARY 4, 1992 IN PLAT BOOK 71, PAGE 61, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

BEING THE SAME PREMISES AS CONVEYED IN DEED FROM DANIEL J. FOX AND DEBRA FOX RECORDED 03/16/2007 IN DOCUMENT NUMBER 2007 022960 IN SAID COUNTY AND STATE.

Property Know as: 30 CHATEAU DR., DYER, IN, 46311

NOTE: No consideration, deed being filed to CHANGE GRANTORS NAME AND WAIVER OF MARITAL INTEREST OF SPOUSE

Excepting coal, oil, gas and other minerals excepted or reserved in prior conveyances, if any.

Subject to all Prior reservations, restrictions, and easements of record, if any.

This transfer exempt under the provisions of paragraph E, section 4 Real Estate Transfer Tax Act

this 30 day of 08, 2010 personally appeared:

Debra Fox NKA Debra Vendl
DEBRA FOX NKA DEBRA VENDL

Robert Vendl
ROBERT VENDL, SIGNING TO WAIVE ANY MARITAL INTEREST HE MAY HAVE

i attests that the penalties for making this declaration reasonable cause to suspect each signatory's membership in this document unless required by law
NIKI COSTALEZ

NOV 24 2010
REGGY HOLINGA KATONA
LAKE COUNTY CLERK

AMOUNT \$ 20.00
CASH _____ CHARGE _____
CHECK # 01611407
OVERAGE _____
COPY _____
NON-COM _____
CLERK AO

000 1.30

State of Indiana
County of Lake

Before me, the undersigned Notary Public in and for said County and State this 30 day of Oct, 2010 personally appeared:

DEBRA FOX NKA DEBRA VENDL AND ROBERT VENDL and acknowledged the execution of the foregoing deed, in witness whereof, I have hereto subscribed my name and affixed my official seal.

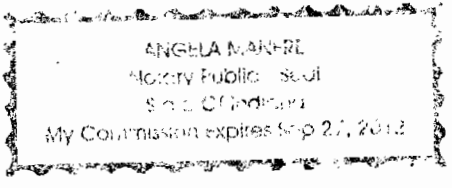
Seal
County Lake

Angela Manfre
Notary Public
Resident of Lake
Commission Expires 09/27/2012

This instrument prepared by:
Nations Title Agency, Inc.
9801 Legler Road
Lenexa, KS 66219
Ph# 877-256-4117
Laura Trullis

Send Tax Bill to:
DEBRA VENDL
30 CHATEAU DR.
DYER, IN. 46311

Return Deed to:
DEBRA VENDL
30 CHATEAU DR.
DYER, IN. 46311



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.
Niki Costello
NIKI COSTELLO

INDIVIDUAL ACKNOWLEDGMENT

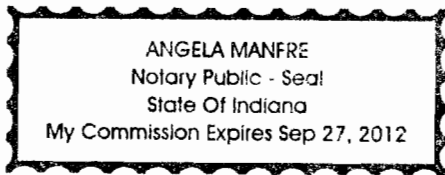
State/Commonwealth of: INDIANA }
County of: LAKE } SS.

On this the 32 day of August, 2010, before
me, Angela Manfre', the undersigned Notary
Name of Notary Public

Public, personally appeared *Dietra Kendall*
Name(s) of Signer(s)

- 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 for the purposes therein stated.



WITNESS my hand and official seal.

Angela Manfre
Signature of Notary Public

Angela Manfre'
Other Required Information (Printed Name of Notary, Residence, etc)

Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, It may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Names Above: _____

Right Thumbprint of Signer
Top of thumb here