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2011 MAR 30 44 8: 56

Parcel No.: 45-11-24-351-006.000-036 QUITCLAIM DEED

THIS INDENTURE WITNESSETH, That Steven S. Cowser and Cathleen A. Cowser ("Grantors") of Lake County, in the State of Indiana, SUBJECT TO A LIFE ESTATE RESERVED UNTO THE GRANTORS, quitclaim(s) to

> Cathleen A. Cowser and Steven A. Cowser Living Trust, Cathleen A. Cowser and Steven A. Cowser, Trustees, UDT 12/13/2010 1616 Krame Drive Crown Point, IN 46307

for good and valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Lake County, in the State of Indiana, to-wit: Lot 54 in Burge Estates in the Town of Schererville as per plat thereof recorded in Plat Book 74, Page 27, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 1616 Krame Drive of the Lake Crown Point, Indiana 46307 IN WITNESS WHEREOF, the Grantor(s) have executed this Deed, this Steven S. Cowser STATE OF INDIANA) SS: COUNTY OF LAKE Before me, the undersigned, a Notary Public in and for said county and state, personally appeared Steven S. Cowser and Cathleen A. Cowser, who acknowledged the execution of the foregoing Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true. day of Becembe Witness my hand and Notarial Seal this 3 ame M. Mullen Notary Public My Commission Expires: Signature SEAL 3/22/2017 Printed Resident of Lake County, Indiana Notary Public My Commission Expires 03/22/2017 Residing in Lake County, Indiana affirm, under the penalties perjury, that I have taken reasonable care to redact each Social Security number in this document, required by law. 219/972-1745

This instrument prepared by: Sheilia V. Hayden, Atty. #8388-45 1348 Elliott Munster, IN 46321

Return Deed To: Sheilia V. Hayden, 1348 Elliot Dr., Munster, IN 46321 Grantee's address: 1616 Krame Dr., Crown Point, IN 46307

Send Tax Bills To: 1616 Krame Dr., Crown Point, IN 46307 TAXATION SUBJECT DULY ENTERED FUNDAMENTAL FINAL ACCEPTANCE FOR TRANSFEF

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AMOUNT 5 PEGGY HULINGAKATONA ÇASH ___ CHARGE LAKECOUNTYAUDITOF CHECK #. OVERAGE: COPY_ NON - COM - - TENRITAXATIONSUBIFICEERK