

2011 025731

2011 MAY -9 AM 10:11

QUITCLAIM DEED

MICHAEL J. HUMAN

45-19-27-204-004.000 16358

THIS INDENTURE WITNESSETH, that MAE JEAN LUEBCKE, LIFE TENANT, GRANTOR, of LAKE County in the State of INDIANA QUITCLAIMS to THE MAE JEAN LUEBCKE REVOCABLE TRUST NO. 1 DATED JANUARY 28,1999 , GRANTEE, of LAKE County in the State of INDIANA, in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana.

LOT 24 IN CARRIAGE CROSSING SUBDIVISION UNIT 1, PHASE 1 AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 77, PAGE 60, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND AMENDED BY A CERTIFICATE OF CORRECTIONS, RECORDED JUNE 23, 1995 AS DOCUMENT NO. 95035250.

THIS DEED EXTINGUISHES LIFE ESTATE RESERVED IN DEED RECORDED JANUARY 29, 1999 AS DOCUMENT NO. 99007949

Commonly known as: 769 CARRIAGE DRIVE, LOWELL, INDIANA 46356

Dated this 2 day of May, 2011.

Mae Jean Luebcke by Janet Bailey Attorney in Fact
MAE JEAN LUEBCKE, BY JANET BAILEY ATTORNEY IN FACT

STATE OF INDIANA, COUNTY OF LAKE SS: This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, this 2 day of May, 2011, personally appeared JANET BAILEY, ATTORNEY IN FACT and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____ County _____ Signature _____ Printed _____ Notary Public

This instrument prepared by : PATRICK J. McMANAMA, Attorney at Law, ID No. 9534-45 No legal opinion given to Grantor. All information used in preparation of document was supplied by title company. DAWN M. BOYER Lake County My Commission Expires May 3, 2013

RETURN DEED TO: GRANTEE
GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 769 CARRIAGE DRIVE, LOWELL, INDIANA 46356
SEND TAX BILLS TO: GRANTEE

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.

Signature of Preparer _____ Printed Name of Preparer Dawn M Boyer
COMMUNITY TITLE COMPANY
FILE NO 44453

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 06 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 16
CASH _____ CHARGE _____
CHECK # _____
OVERAGE _____ cm
COPY _____
NON-COM _____
CLERK _____ PD

026614