STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 026414 2011 MAY 11 AM 10: 20

MIC. LINEMAN
RECORDER

MAIL TAX BILLS TO: AAGRA, LLC, 470 Morningside, Crown Point, IN 46307

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that NWI MedicalCare, LLC, an Indiana limited liability company, (GRANTOR), of Lake County, Indiana, in consideration of Ten Dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, CONVEYS, RELEASES AND QUIT CLAIMS to AAGRA, LLC, an Indiana limited liability company, (GRANTEE), of Lake County, Indiana, the following described real estate in Lake County, Indiana, to-wit:

Lots 4A and 4B in Oliveira Addition, a resubdivision of Lot 4 and the South 58.39 feet of Lot 5 in a resubdivision of Tract "F" in Phase I, Broadfield Center, as per plat thereof, recorded in Plat Book 92 page 47, in the Office of the Recorder of Lake County, Indiana.

Tax I.D. No. 15-763-1 and 2

Commonly known and described as 9021 and 9029 Broadway, Merrillville, IN 46410.

Subject to taxes for 2006, due and payable in 2007, and taxes for all subsequent years, not yet due and payable.

Subject to all covenants, conditions, restrictions and easements of record and as shown on resubdivision plat of Oliveira Addition as recorded in Plat Book 92, page 47.

This Deed is executed and recorded to properly place title in a common controlled and owner entity. No sales disclosure statement is required.

IN WITNESS WHEREOF, the Grantor has executed this Quitclaim Deed this 18th day of April, 2011.

Grantor:

NWI MedicalCare, LLC, an Indiana
limited liability company

A. Ahmed

Ashfaq Ahmed, Member

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STOP
RECORDER'S OFFICE SEAL INDIANA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, this _____ day of April, 2011, personally appeared Ashfaq Ahmed, Member of NWI MedicalCare, LLC, an Indiana limited liability company, and with full authority acknowledges the execution of the foregoing Deed for and on behalf of NWI MedicalCare, LLC.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Linez Webb
Notary Public
My Commission Expires: January 3, 2013

County of Residence: Lake

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. s/Gordon A. Etzler

#16

This instrument prepared by:
GORDON A. ETZLER & ASSOCIATES, LLP, 251 Indiana Avenue, Valparaiso, IN 46383, Telephone No. (219) 531-7787

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 11 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CK# 1030

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