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LAKE COUNTY RECORDERS OFFICE

2011 042135

2011 AUG -4 PM 2:47

RECORDED

Recording requested by: _____

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: Greg Goble

Name Linda Wiechnik

Address: 3057 E 10th St

Address 3057 E 10th St

City/State/Zip: Hobart In 46342

City/State/Zip Hobart In 46342

Property Tax Parcel/Account Number: 26-36-0075-0006

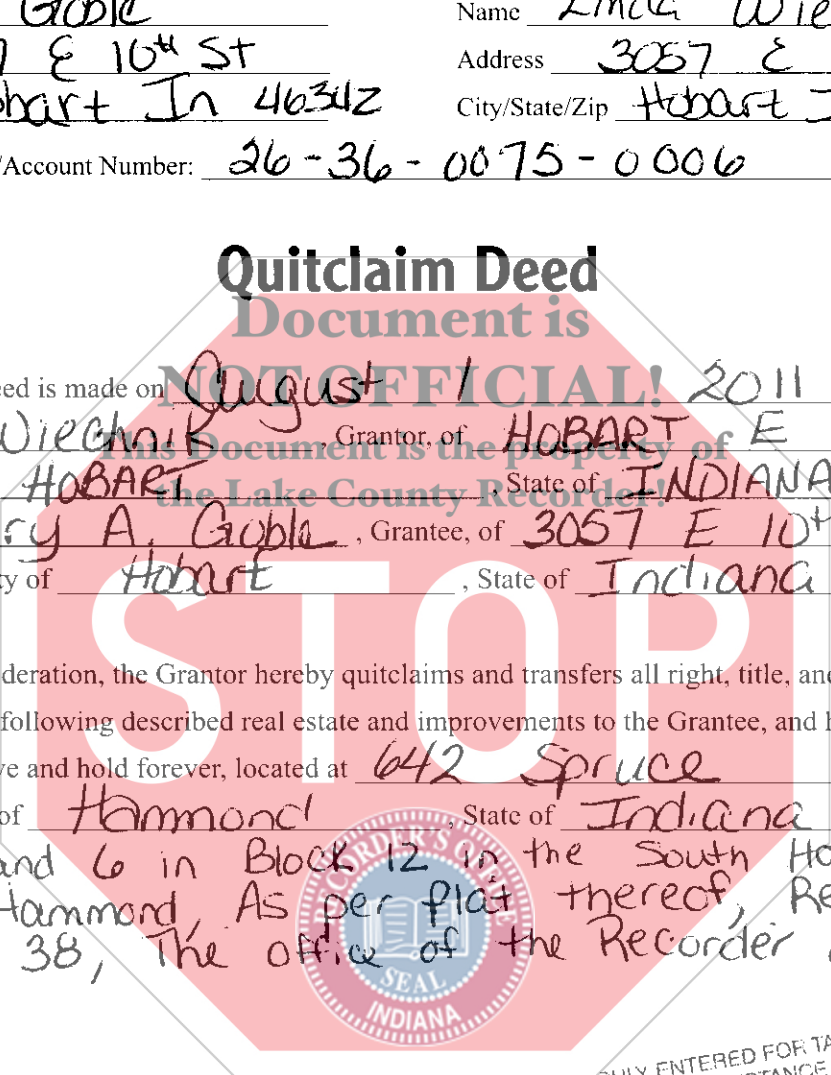
Quitclaim Deed Document is

This Quitclaim Deed is made on August 1, 2011, between
Linda Wiechnik, Grantor, of HOBART E 10th St
 _____, City of HOBART, State of INDIANA,
 and Gregory A. Goble, Grantee, of 3057 E 10th St
 _____, City of Hobart, 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 642 Spruce
 _____, City of Hammond, State of Indiana

Lot 5 and 6 in Block 12 in the South Hammond Subdivision
 The City of Hammond, As per plat thereof, Recorded in Plat
 Book 2 Page 38, The office of the Recorder of Lake County,
 Indiana

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.
 Taxes for the tax year of 2010 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.



054619

LAKE COUNTY RECORDERS OFFICE
 JULY ENTERED FOR TAXATION SUBJECT
 ACCEPTANCE FOR TRANSFER
 AUG 14 2011
 ANDY HOLINGA KATONA
 LAKE COUNTY AUDITOR
 Quitclaim Deed Pg.1 (07-09)

2011
 CS
 KM
 D

Dated: August 2011

Linda Wiechnik
Signature of Grantor

Linda Wiechnik
Name of Grantor

Sandy Wiechnik
Signature of Witness #1

Sandy WIECHNIK
Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of Indiana County of Lake
On August 1, the Grantor, Linda Wiechnik,

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.

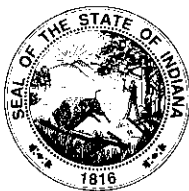
Angeline H. Zimkowski
Notary Signature



"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: [Signature]

Notary Public,
In and for the County of Porter State of Indiana
My commission expires: 10-29-16 Seal

Send all tax statements to Grantee.



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHELLE R. FAJMAN
Recorder

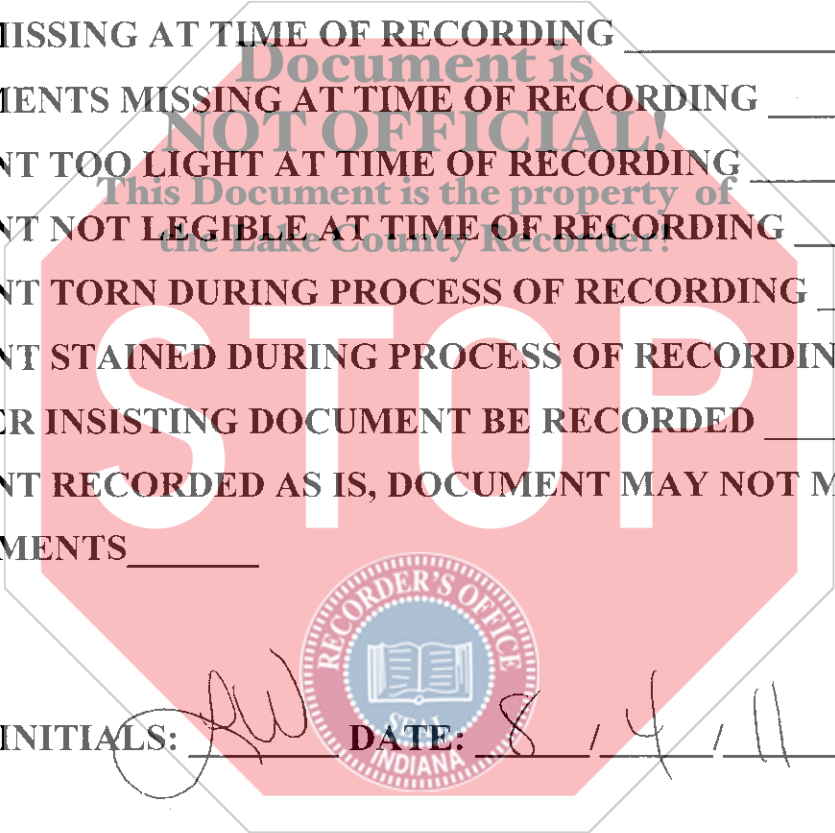


PHONE (219) 755-3730
FAX (219) 755-3257

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**This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.**

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CUSTOMER INITIALS: *AW* DATE: *8 / 4 / 11*

EMPLOYEE INITIALS: *Rm* DATE: *8 / 4 / 11*