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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 054291

2011 SEP 30 PM 2:57

MICHELLE R. FAJMAN  
RECORDER

MAIL TAX BILLS TO: Regional Mental Health Center  
8555 Taft Street  
Merrillville, IN 46410

TAX NO. 45-09-28-127-002.000-018

**QUIT-CLAIM DEED**

**This indenture witnesseth that SOUTHLAKE/TRI-CITY MANAGEMENT CORP. d/b/a GEMINUS CORPORATION of Lake County in the State of Indiana**

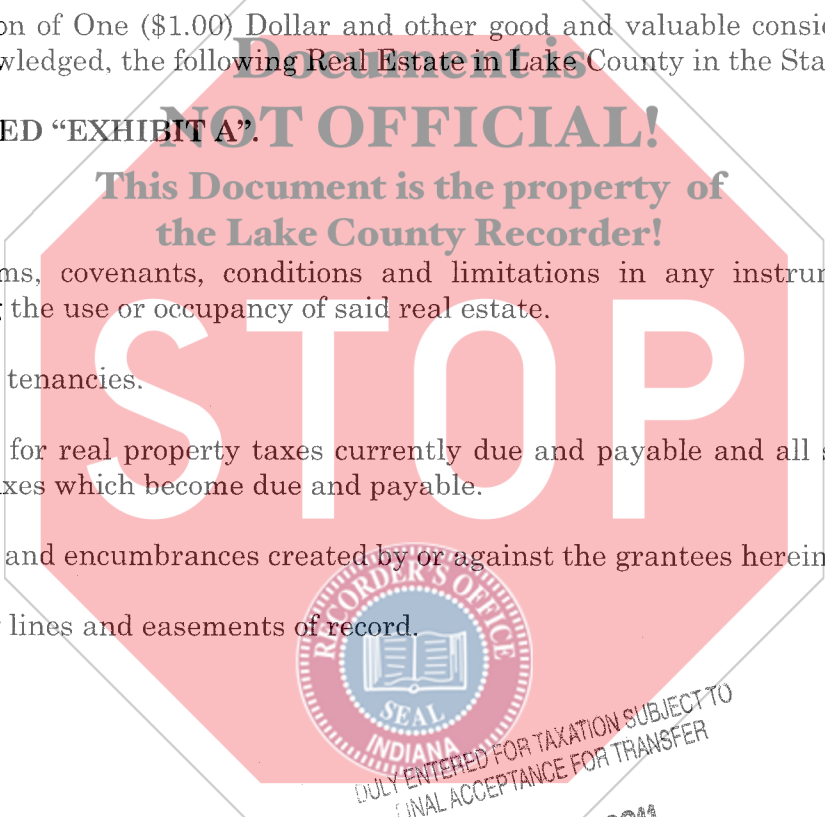
**Release(s) and quit claim(s) to SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER, INC. d/b/a REGIONAL MENTAL HEALTH CENTER of Lake County in the State of Indiana**

for and in consideration of One (\$1.00) Dollar and other good and valuable consideration, the receipt of which is hereby acknowledged, the following Real Estate in Lake County in the State of Indiana, to-wit:

SEE ATTACHED "EXHIBIT A".

Subject to:

1. The terms, covenants, conditions and limitations in any instrument of record, affecting the use or occupancy of said real estate.
2. Existing tenancies.
3. The lien for real property taxes currently due and payable and all subsequent real estate taxes which become due and payable.
4. All liens and encumbrances created by or against the grantees herein.
5. Building lines and easements of record.



SEP 30 2011  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

003505

# 20  
CK# 113455  
CA

Dated this 11<sup>th</sup> day of November, 2009.

SOUTHLAKE/TRI-CITY MANAGEMENT CORP.  
d/b/a GEMINUS CORPORATION

By: Judith Skora

Title: V.P. Finance

STATE OF INDIANA        )  
  )SS:  
COUNTY OF LAKE        )

Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared SOUTHLAKE/TRI-CITY MANAGEMENT CORP. d/b/a GEMINUS CORPORATION by \_\_\_\_\_ its \_\_\_\_\_, and acknowledged the execution of the foregoing deed.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

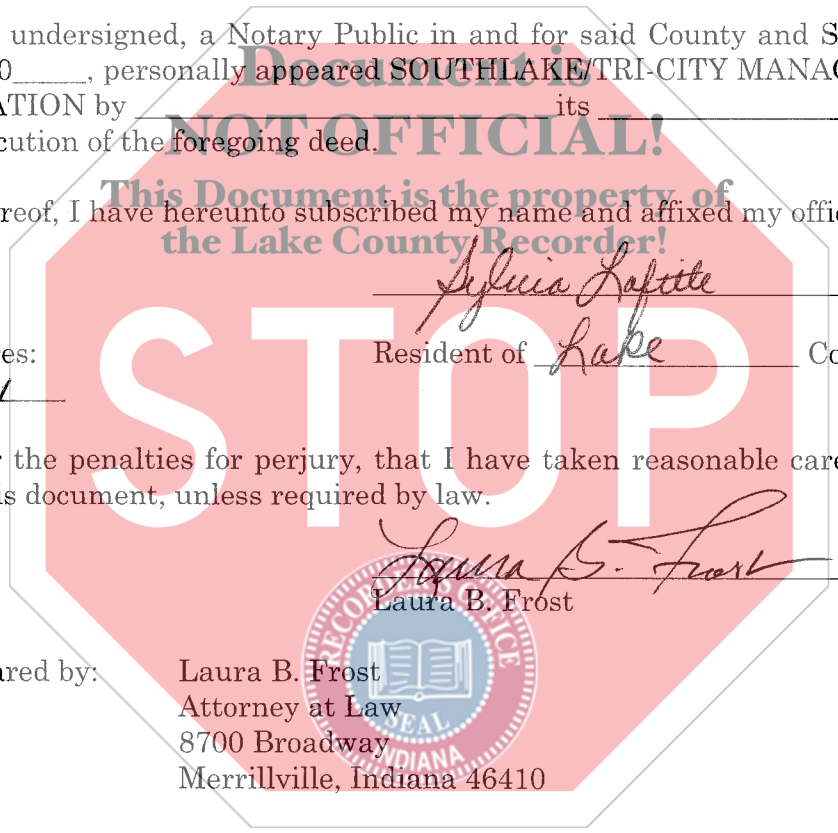
My Commission Expires: December 20, 2014

Sylvia Lafitte  
\_\_\_\_\_, Notary Public  
Resident of Lake County

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.

Laura B. Frost  
\_\_\_\_\_  
Laura B. Frost

This instrument prepared by: Laura B. Frost  
Attorney at Law  
8700 Broadway  
Merrillville, Indiana 46410



**EXHIBIT A**

Lot 4 in Pokagon Heights, Unit No. 2, as per plat thereof, recorded in Plat Book 42, Page 9,  
in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 628 North Shelby Place, Hobart, IN 46342

