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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 054292

2011 SEP 30 PM 2:57

MICHELLE B. FAJMAN
RECORDER

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

TAX NO. 45-09-28-128-004.000-018
45-09-28-128-005.000-018

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

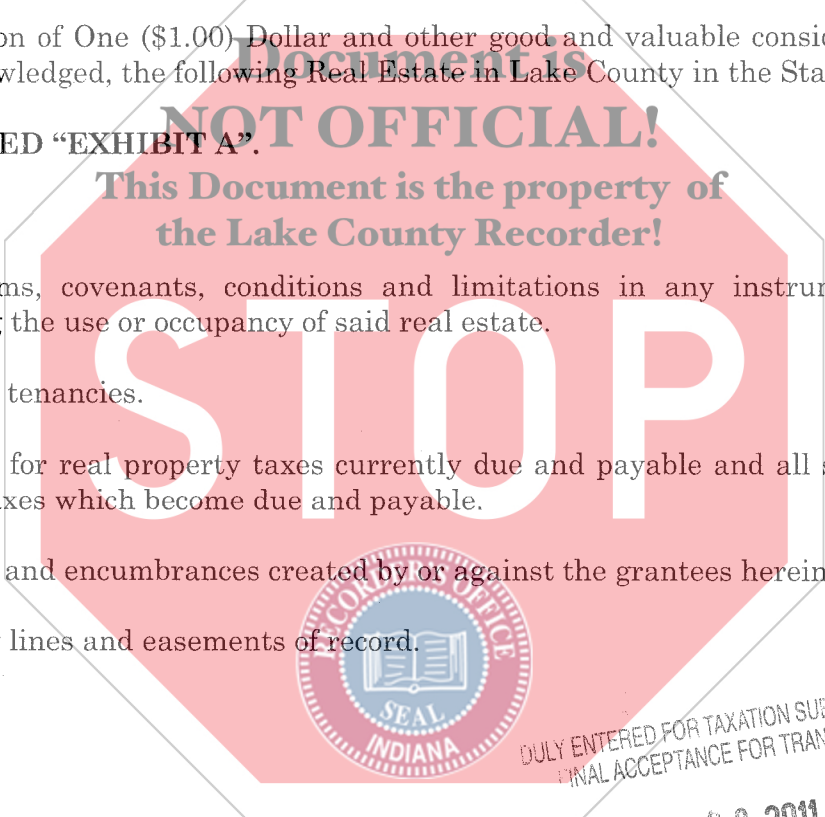
Release(s) and quit claim(s) to **SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER, INC. d/b/a REGIONAL MENTAL HEALTH CENTER** of Lake County in the State of Indiana

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.



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 30 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#20
CK#
113455
CA

003506

Dated this 11th day of November, 2009.

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

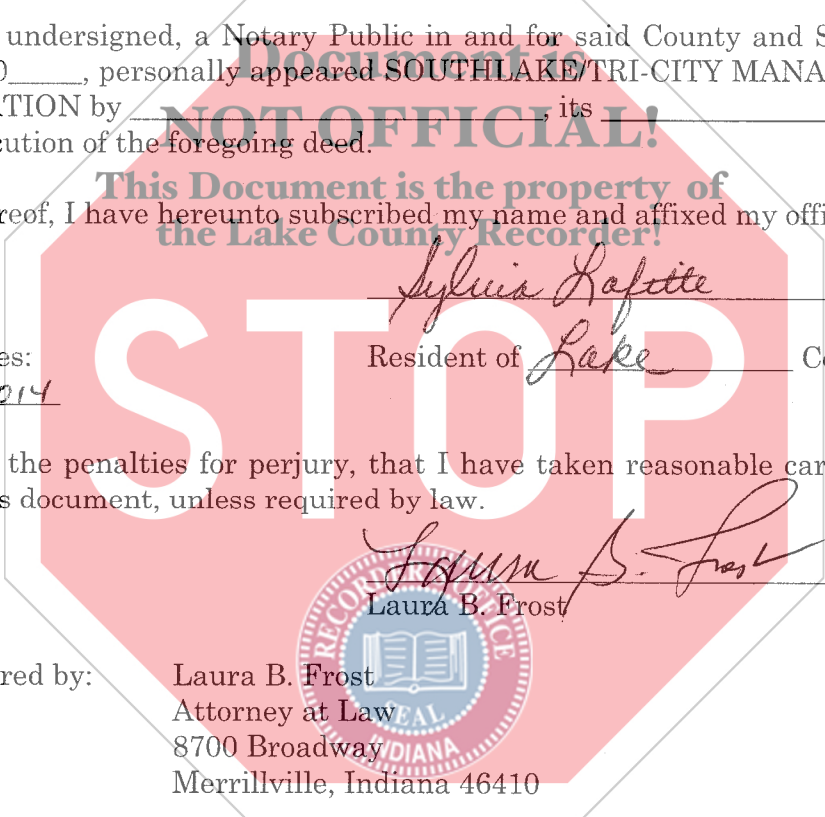
By: Judith Sikora

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.



Sylvia Lafette
_____, Notary Public

My Commission Expires:
December 29, 2014

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

Lots 24 and Lot 25 except the South 42.5 feet 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: 635 North Shelby Place, Hobart, IN 46342

