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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 057203

2012 AUG 23 AM 11:28

RECORDED BY MAN
RECORDED

First Grantee (name, address and telephone).

Second Grantee (name, address and telephone)

BETTY TROY
7107 W. 132 LANE
CEDAR LAKE IN. 46303
219-374-6174

John K. TROY
7107 W. 132 Lane
Cedar Lake IN. 46303
219-973-7253

QUITCLAIM DEED

[Individual to Two Individuals]

THIS INDENTURE WITNESSETH, That Betty Troy
of lake County, in the State of INDIANA

RELEASE AND QUITCLAIM

To Betty Troy lake County, in the
State of Indiana and John K. TROY, of
lake County, in the State of Indiana, as

joint tenants with the right of survivorship, for the sum of 0
Dollars, the following described REAL ESTATE in lake County, in the State of
Indiana, to-wit.

Property # 45-15-23-456-012,000-043

- See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full
- Legal Description:

LOTS 5, 6, 7, 30, 31, 32, Block 8,
PLAT "BA", The Shades, Cedar Lake, as
shown in Plat Book 12, page 7, in lake
County, Indiana
(old key nos.)

- # 25-195-5
- # 25-195-6
- # 25-195-7
- # 25-195-28
- # 25-195-29
- # 25-195-30

20
CS
013937
Cox

Prior Instrument Reference. Instrument No. (10 Digit) _____ / Book _____
Page _____

IN WITNESS WHEREOF, The said _____
has executed this Quitclaim Deed this _____ day of _____, 20 _____

EXECUTED this _____ day of _____, 20 _____

Betty J. Troy
(Grantor's Signature)

BETTY J. TROY
Print/Type Name

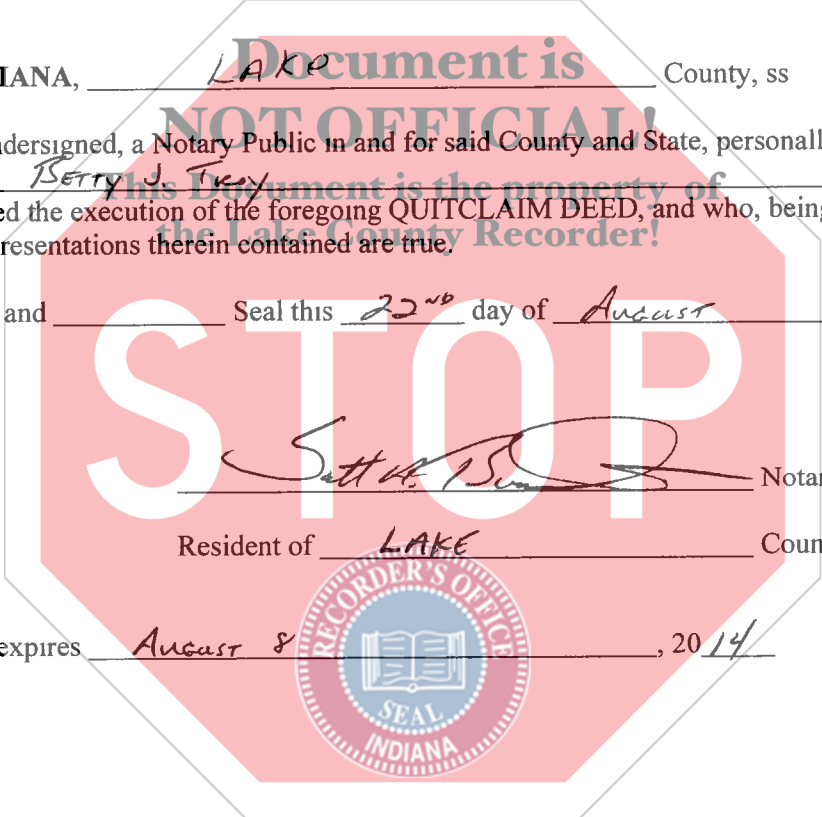
STATE OF INDIANA, LAKE County, ss

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the
within named Betty J. Troy,
who acknowledged the execution of the foregoing QUITCLAIM DEED, and who, being duly sworn,
stated that the representations therein contained are true.

Witness my hand and _____ Seal this 22nd day of August, 20 12.

[Signature] Notary Public.
Resident of LAKE County.

My Commission expires August 8, 20 14



This Instrument was prepared by:

Telephone: _____

Signature _____

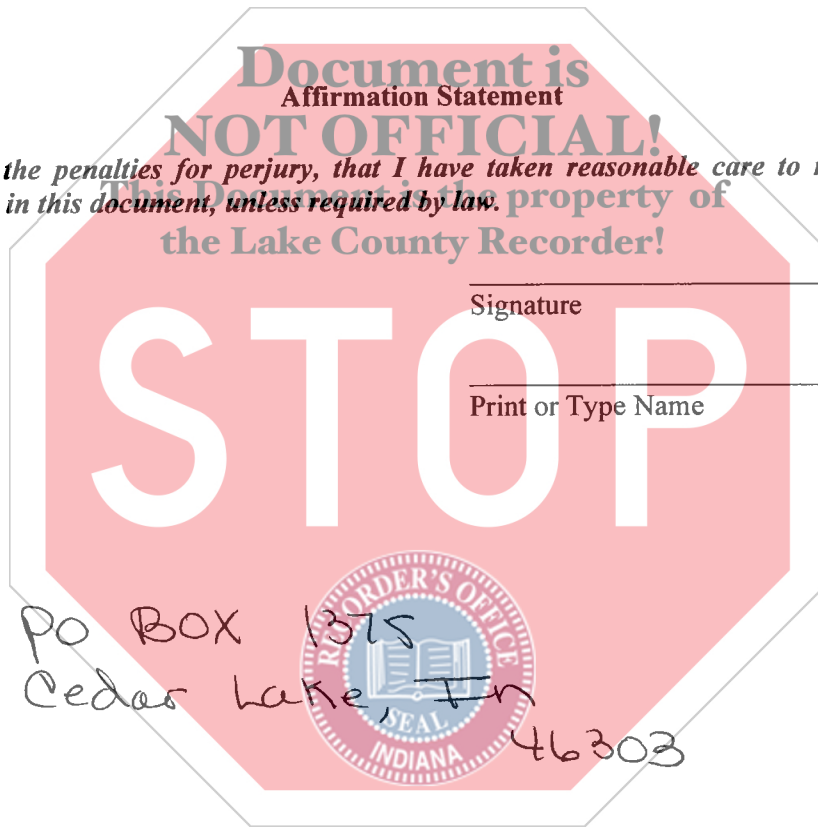
Print or Type Name _____

After Recording, return to:

Telephone: _____

Signature _____

Print or Type Name _____



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.

TAXES: PO BOX 1375
Cedar Lake, IN 46303