STATE OF INDIAGES
LAKE COUNTY
FILED FOR RECORD

2014 078178

2014 DEC -9 AM 10: 35

Mail Tax Bills to: 9019 LANCER DR SAINT JOHN, IN 46373 PARCEL NO. 45-11-27-329-016-000-0364

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that DOUGLAS A. COWIN GRANTOR(S) of LAKE County in the State of INDIANA QUITCLAIM(S) to DOUGLAS A. COWIN AND DONNA COWIN, husband and wife, GRANTEE(S) of Lake County in the State of Indiana in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

LOT 63, LANCER ESTATES THIRD ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 49 PAGE 112, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 9019 LANCER DR. SAINT JOHN, IN 46373 GRANTEE'S ADDRESS: 9019 LANCER DR. SAINT JOHN, IN 46373

This Document is the property of

Dated this 1ST day of DECEMBER, 2014. County Recorder!

My Commission Expires December 20, 2018

BOUSTAS A. COWIN

NORTHWEST INDIANA TITLE 162 WASHINGTON STREET LOWELL, IN 46356 219-696-0100

STATE OF INDIANA, COUNTY OF LAKE

Before me, the undersigned a Notary Public in and for said County and State, this 1ST day of DECEMBER, 2014, personally appeared: DOUGLAS A. COWIN and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

COLETTE G WILSON

Notary Public, State of Indiana Lake County

My Commission Expires: Resident of:

Notary Public JULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

LAKE COUNTY AUDITOR

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.

PEGGY HOLINGA KATONA

RICHARD A. ZUNICA

This Instrument prepared by: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell, In 46356

File No. 14-21009/NO CONSIDERATION

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By:_____

AMOUNT \$ 16.

CASH _____CHARGE _____CHECK # _____259

OVERAGE ______NON-COM _____CLERK