STATE OF INDIA-LAKE COUNTY FILED FOR RECORD

2014 083328

2014 DEC 30 AM IO: 06
MICHAEL S. BROWN
RECORDER

## **QUITCLAIM DEED**

TAX I.D. NO. 45-17-05-432-011.000-047

THIS INDENTURE WITNESSETH, that ROSALIND MANNINO (GRANTOR), of LAKE County in the State of INDIANA QUITCLAIMS to MICHAEL A. MANNINO (GRANTEE) 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.

THE NORTH 35 FEET OF LOT 11, IN COUNTRY MEADOWS PLANNED UNIT DEVELOPMENT RESIDENTIAL, AS ADDITION TO THE TOWN OF WINFIELD, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 90 PAGE 58, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 10670 KEYSTONE LANE, CROWN POINT, IN 46307
Dated this 20 day of December, 2014  Dated this 20 day of December, 2014  December 10670 KEYSTONE LANE, CROWN POINT, IN 46307  Dated this 20 day of December, 2014  December 10670 KEYSTONE LANE, CROWN POINT, IN 46307  Dated this 20 day of December 10670 KEYSTONE LANE, CROWN POINT, IN 46307  Dated this 20 day of December 10670 KEYSTONE LANE, CROWN POINT, IN 46307
POSALIND MANNING
STATE OF IN COUNTY OF LULE SS: NOT OFFICIAL!  REGGY HOLINGA KATONA
STATE OF COUNTY OF LULL SS: NOT OFFICIAL PEGGY HOLING A KATONA COUNTY OF LULL SS: NOT OFFICIAL PEGGY HOLING A KATONA AUDITOR COUNTY AUDITOR day of day of day of day of appeared ROSALIND MANNINO, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunte subscribed my name and affixed my official seal.
My commission expires: 6.24.16  Resident of County Printed County Printed County Public
This instrument prepared by:  PATRICK J. McMANAMA, Attorney at Law, ID No. 9577  KATHLEEN L. SHULTZ
RETURN DEED TO: GRANTEE  GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 10670 KEYSTONE LANE, CROWN POINT, IN 46307  SEND TAX BILLS TO: GRANTEE
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.
Signature of Preparer  Printed Name of Preparer  Printed Name of Preparer
NO SALES DISCLOSURE NEEDED  ABO  APPROVED Assessor's Office
By: