

2015 065465

2015 SEP 22 PH 1:51

Parcel Number: 45-09-32-152-021.000-018

MICHAEL B. BROWN
RECORDER

QUITCLAIM DEED

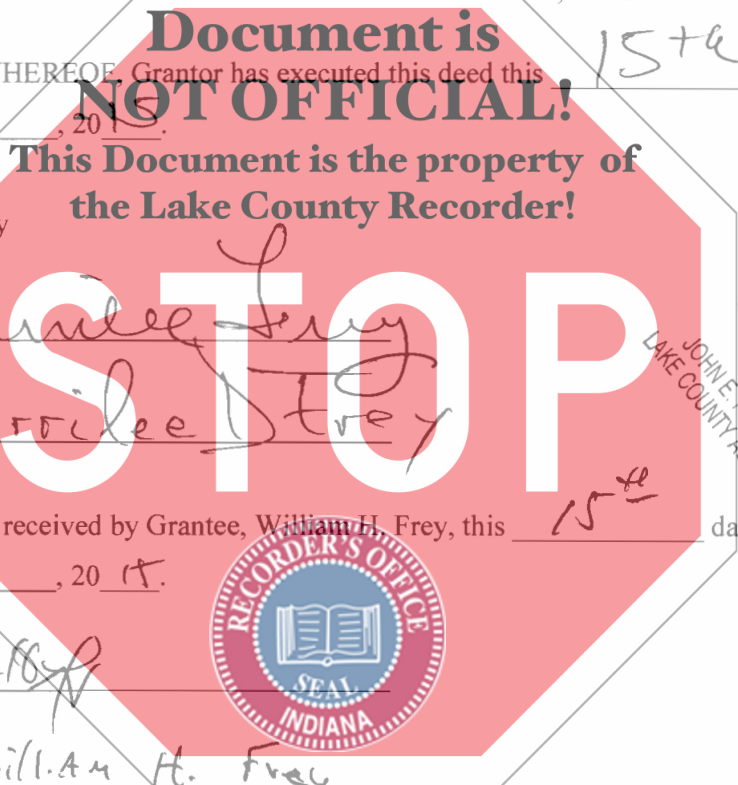
THIS INDENTURE WITNESSETH, That Merrilee D. Frey (Grantor) of Lake County, Indiana QUITCLAIM(S) TO William H. Frey (Grantee) of Lake County, Indiana for the sum of the consideration set forth in the Grantor's and Grantee's Marital Property Dissolution of Marriage Settlement, the Lake County Superior Court's Dissolution of Marriage Decree entered on 8/25/2014, and other valuable consideration, the following described real estate and its improvements in Lake County, Indiana:

HOBART S'LY 14.2FT OF E'LY 133.13FT OF LOT 9

The address of such real estate is commonly known as: 230 1/2 Main Street
Hobart, Indiana 46342

IN WITNESS WHEREOF, Grantor has executed this deed this 15th day of

September, 2015.



Grantor: Merrilee D. Frey

Signature: Merrilee Frey

Printed: Merrilee Frey

Delivered to and received by Grantee, William H. Frey, this 15th day of

Signature: William H. Frey

Printed: William H. Frey

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DW

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
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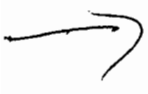
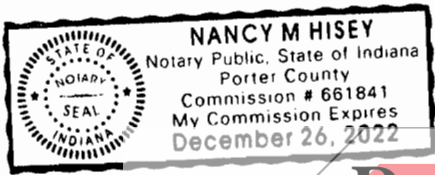
ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared MERRILEE FREY & DR. WILLIAM H FREY who acknowledged the execution of the foregoing Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 15TH day of SEPTEMBER, 2015.

My commission expires: 12-26-2022

Signature Nancy M Hisey
Printed NANCY M. HISEY, Notary Public
Resident of PORTER County, Indiana.



Return deed to: William H. Frey, 341 Main Street, Hobart, Indiana 46342
Send tax bills to: William H. Frey, PO Box 467 Hobart, Indiana 46342

This instrument was prepared by: David M. Cox IV
Attorney at Law
8792 East Ridge Road, Suite C
Hobart, Indiana 46342

I affirm, under penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

[Signature]
(Signature of Preparer)

