2015 082265

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 DEC -9 PM 3: 21

MICHAEL B. BROWN RECORDER Tax Key: 45-12-27-454-005.000-030

TAX MAILING ADDRESS: Cave Property, LLC 128 S. East Street Crown Point, IN 46308

QUIT CLAIM DEED

THIS INDENTURE WITKESSETH, that David Abraius, not individually, but as the Liquidating Trustee and court-appointed hanger of Healthand Memorial Hospital, LLC f/k/a Illiana Surgery and Medical Center, LLC of the Town of Lincolushice, County of Cook State of Illinois, (Grantor) GRANTS, RELEASES AND FOREVER OUT CLAIMS to Cave Property, LLC, an Indiana Limite This is Document (is three) produce they offen Pollars and No Cents (\$10.00) and other valuable consideration that the Riet and Sufficiency of which is hereby acknowledged, the following described real estate in Lake County:

Lot 1, Oakcrest Commercial Addition, Phase One, to the Town of Merrillville, as per plat thereof, recorded in Plat Book 90, page 74, in the Office of the Recorder of Lake County, Indiana.

More commonly known as: 9205 Georgia Dr., Merrillville, IN 46410.

TO HAVE AND TO HOLD the said tract of the said the rights, members and appurtenances thereof, so that neither GIANTOR not say other person claiming under GRANTOR shall at any time claim or demand any light, little or interest to the said tract of land or its appurtenances.

Signature:

Printed: David Abrams, not individually, but as the Liquidating Trustee and court-

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

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DEC 0 9 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR 017349

appointed manager of Heartland Memorial Hospital, LLC f/k/a Illiana Surgery and Medical Center, LLC

STATE OF INDIANA
) SS:
COUNTY OF LAKE)
Before me, a Notary Public In and for said County and State, personally appeared David
Abrams, not individually, but as the Liquidating Trustee and court-appointed manager of
Heartland Memorial Hospitan (IC f/k/a) Iliana Surgery and Medical Center, LLC who
acknowledged the execution of the foregoing Quit Claim Deed, and who having been duly
sworn, stated that any representations therein contained are true.
sworn, stated that any representations therein contained are true, the Lake County Recorder!
Witness my hand and Notarial Seal this day of December, 2015.
My commission expires: 6-19-2/ Signature: Laca Laca Laca Laca Laca Laca Laca Lac
REBECCA GALLAS Lake County My Commission Expires June 19, 2021 Printed: Reference: LAXE County of Residence: LAXE
This instrument prepared by: Shawn Diver, Coursia & Associates, 433 West 84th Drive,
Merrillville, IN 46410.
Return recorded instrument to: Chester H. Foster Legal Services, PLLC, 16311 Byron
Drive, Orland Park, IL 60462.

Pursuant to IC 36-2-11-15(b)(2), 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. Shawn D. Cox