

This instrument prepared by: Nancy Gail Eakins
Title: Owner of Property

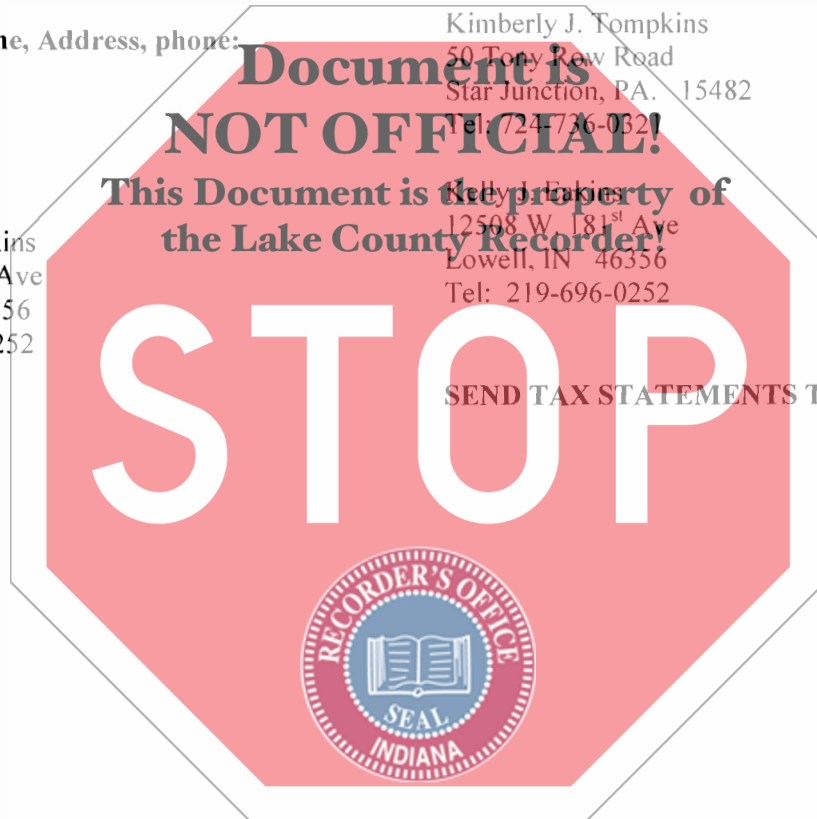
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Grantee(s) Name, Address, phone:

Grantor(s) Name, Address, phone:

Nancy Gail. Eakins
12508 W. 181st Ave
Lowell, IN 46356
Tel: 219-696-0252

Kimberly J. Tompkins
50 Tony Row Road
Star Junction, PA. 15482
Tel: 724-736-0321
Kimberly J. Eakins
12508 W. 181st Ave
Lowell, IN 46356
Tel: 219-696-0252



SEND TAX STATEMENTS TO GRANTEE

Taxes for tax year 2004 shall be prorated between Grantor and Grantee's as of the date selected by Grantor and Grantee's, or paid by Grantee's, or paid by Grantor.

Nancy Gail Eakins
Grantor (s)

March 4, 2004
Date

Nancy Gail Eakins
Type or Print Names

Resident(s) of Lake County, Indiana

STATE OF INDIANA
COUNTY OF LAKE

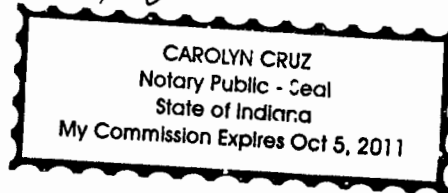
Before me, a Notary Public in and for the said County and State, personally appeared Nancy Gail Eakins who acknowledged the execution of the foregoing Quitclaim Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 4th of March 2004.

My commission expires:



Carolyn Cruz
Notary Public
Print Name:
Lake County





OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL B. BROWN
Recorder

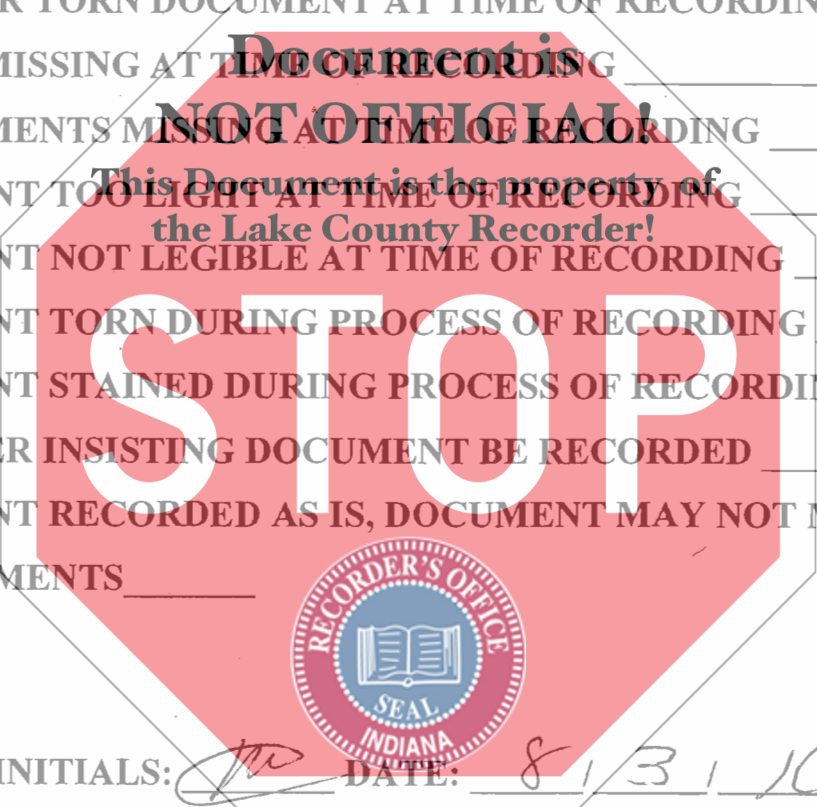


PHONE (219) 755-3730
FAX (219) 755-3257

DISCLAIMER

This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.

- 1. STAINED DOCUMENT AT TIME OF RECORDING
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING
3. PAGE(S) MISSING AT TIME OF RECORDING
4. ATTACHMENTS MISSING AT TIME OF RECORDING
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
7. DOCUMENT TORN DURING PROCESS OF RECORDING
8. DOCUMENT STAINED DURING PROCESS OF RECORDING
9. CUSTOMER INSISTING DOCUMENT BE RECORDED
10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS



CUSTOMER INITIALS: [Signature] DATE: 8/31/10

EMPLOYEE INITIALS: M-Z DATE: 8/31/10