## 2016 058686

QUITCLAIM DEED

TAX I.D. NO. 45-16-08-478-017.000-042

THIS INDENTURE WITNESSETH, That ROY H. WIELER AND AUDREY L. WIELER, LIFE TENANT, (GRANTOR), of LAKE County in the State of INDIANA QUITCLAIMS to ROY H. WIELER AND AUDREY L. WIELER, as Trustee, or their Successors in Trust, under the Wieler Joint Revocable Trust Agreement dated October 22, 2004 (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 SOUTH 47.82 FEET OF THE NORTH 155.32 FEET OF TRACT 6 (PARALLEL LINES AND AS MEASURED ALONG THE EAST LINE THEREOF), OF THE FIRST AMENDED PLAT OF GREENWOOD SPRINGS, A PLANNED UNIT DEVELOPMENT IN CROWN POINT, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 69 PAGE 46 IN THE LAKE COUNTY RECORDER'S OFFICE.

THIS DEED EXTINGUISHES LIFE ESTATE RESERVED IN DEED RECORDED OCTOBER 26, 2004 AS DOCUMENT NUMBER 2004 09 1599.

COMMONLY KNOWN AS: 631 E. BROOKSIDE DRIVE, CROWN POINT, IN 46307
Dated this A day of Licent 2 NOT OFFICIAL!
Roy A. WIELER, LIFE TENANT the Lake County Recovered, LIFE TENANT
ROY M. WIELER, LIFE TENANT the Lake CountyRee or the Fr. LIFE TENANT
STATE OF INDIANA, COUNTY OF LAKE ) SS:
Before me, the undersigned, a Notary Public in and for said County and State, this day of Hugust, 2016
personally appeared ROY H. WIELER AND AUDREY L. WIELER and acknowledged the execution of the foregoing deed. In
witness whereof, I have hereunto subscribed my name and affixed my official seal.
My commission expires: Signature
Resident of, Notary Public, Notary Public
This instrument prepared by:  MATTHEW W. DEILLEY, Aroul Cat Lawy Dollars Selection  No legal opinion given to Granton All information as the preparation of document was supplied by title company.
RETURN DEED TO: GRANTEE  GRANTEE'S STREET OR RURAL ROUTE ADDRESS: 63 FAROOKSIDE DRIVE, CROWN POINT, INDIANA 6307  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
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
AUG 2 6 2016  Community Title Company  He No
JOHN E PETNIAM  WEE COUNTY AUGILUA  190 No