

2017 007587

2017 FEB -3 AM 8:31

MICHAEL B. BROWN
RECORDER

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that KAREN M. WADE, GRANTOR, of 1235 Summer Street, Hammond, Lake County, in the State of Indiana, ROBERT D. WADE, GRANTOR, of 8612 Harrison Avenue, Munster, Lake County, in the State of Indiana, and SHIRLEY J. WADE, GRANTOR, of 8612 Harrison Avenue, Munster, Lake County, in the State of Indiana, QUITCLAIMS to ROBERT D. WADE, 8612 Harrison Avenue, Munster, Indiana 46321 and SHIRLEY J. WADE, 8612 Harrison Avenue, Munster, Indiana 46321, as husband and wife, tenants by the entireties, GRANTEES, for valuable consideration given, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County in the State of Indiana: to wit:

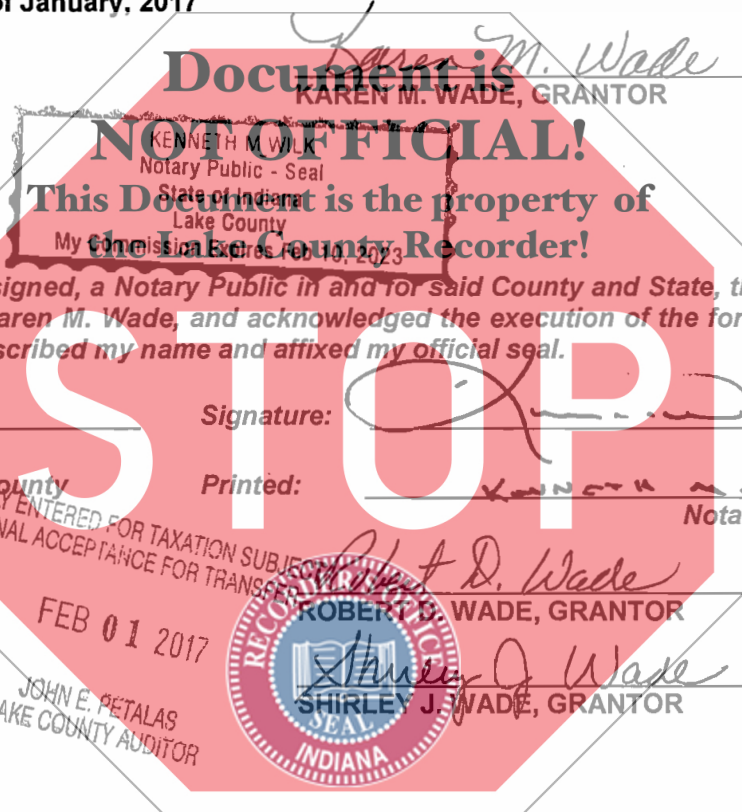
East half of Lot 22, all of Lot 23, of Rohe's Addition

Commonly known as: 1243 Summer Street, Hammond, Indiana

Parcel No.: 45-07-06-201-012.000-023

Dated this 19 day of January, 2017

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Karen M. Wade
KAREN M. WADE, GRANTOR

Before me, the undersigned, a Notary Public in and for said County and State, this 19 day of January, 2017, personally appeared: Karen M. Wade, 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: *[Signature]*

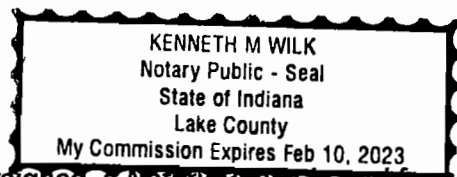
Resident of _____ County Printed: *Kenneth M. Wilk*
Notary Public

Robert D. Wade
ROBERT D. WADE, GRANTOR

Shirley J. Wade
SHIRLEY J. WADE, GRANTOR

Grantees Address:
Robert D. Wade & Shirley J. Wade
8612 Harrison Avenue, Munster, IN 46321

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



010681

Before me, the undersigned, a Notary Public in and for said County and State, this 19 day of January, 2017, personally appeared: Robert D. Wade and Shirley J. Wade, 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: *[Signature]*

Resident of _____ County Printed: *Kenneth M. Wilk*
Notary Public

AMOUNT \$ 18⁰⁰
CASH _____ CHARGE _____
CHECK # 24351, 27106
OVERAGE _____
COPY _____
NON - COM _____
CLERK MB

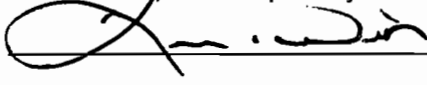
NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

Send Tax Bills To:
Robert D. & Shirley J. Wade
8612 Harrison Avenue
Munster, IN 46321

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.



This instrument prepared by: Rubino, Ruman, Crosmer & Polen
By: KENNETH M. WILK - #1242-45
275 Joliet Street, Suite 330, Dyer, Indiana 46311
Telephone: (219) 322-8222, Fax (219) 322-6675

