INDIANA QUITCLAIM DEED

Ind. Code § 32-21-1-15

PREPARED BY — NAME & ADDRESS

AFTER RECORDING RETURN TO — NAME & ADDRESS

1 RECORDING & INDEXING INFORMATION

DATE OF DEED / EXECUTION

COUNTY OF PROPERTY — INDIANA

PARCEL / APN / TAX ID

PRIOR INSTRUMENT — BOOK / PAGE / INSTRUMENT NO.

2 GRANTOR & GRANTEE

GRANTOR(S) — FULL LEGAL NAME(S)

GRANTOR MARITAL STATUS

GRANTOR COUNTY / STATE OF RESIDENCE

GRANTOR POST-OFFICE / MAILING ADDRESS

GRANTEE(S) — FULL LEGAL NAME(S)

GRANTEE VESTING / MARITAL STATUS

GRANTEE TAX-MAILING ADDRESS

INDIANA QUITCLAIM DEED — CONTINUED

GRANTEE POST-OFFICE / MAILING ADDRESS

3 CONSIDERATION & TRANSFER DECLARATION

CONSIDERATION — NUMERIC

CONSIDERATION — WORDS / OTHER VALUE

SALES DISCLOSURE STATUS / EXEMPTION

STATUTORY EXEMPTION / BASIS, IF ANY

SALES DISCLOSURE FORM / EXEMPTION

4 QUITCLAIM & CONVEYANCE

For the consideration stated above, the Grantor identified above QUITCLAIMS to the Grantee identified above and the Grantee's heirs and assigns the real property described below, situated in the county stated below, State of Indiana.

5 PROPERTY

PROPERTY STREET ADDRESS

CITY / TOWNSHIP / MUNICIPALITY

COUNTY

STATE

PARCEL / APN / TAX ACCOUNT

PRIOR DEED / RECORDING REFERENCE

INDIANA QUITCLAIM DEED — CONTINUED

FULL LEGAL DESCRIPTION (EXHIBIT A, IF ATTACHED, IS INCORPORATED)

6 EXECUTION

IN WITNESS WHEREOF, the Grantor has executed this Quitclaim Deed on the date stated above.

GRANTOR 1 SIGNATURE

PRINTED NAME

POST-OFFICE / MAILING ADDRESS

DATE

GRANTOR 2 SIGNATURE

PRINTED NAME

POST-OFFICE / MAILING ADDRESS

DATE

7 HOMESTEAD / SPOUSAL RELEASE

The undersigned spouse of the Grantor joins in this instrument and releases and quitclaims all homestead, dower, marital, or other spousal rights in the property.

SPOUSE / JOINING PARTY SIGNATURE

PRINTED NAME

8 NOTARY ACKNOWLEDGMENT

ACKNOWLEDGMENT

STATE _____ COUNTY _____

The foregoing instrument was acknowledged before me on the date stated below by the person or persons named as Grantor.

DATE OF ACKNOWLEDGMENT _____ SIGNER(S) _____

_____ _____ _____

NOTARY / AUTHORIZED OFFICER SIGNATURE PRINTED NAME & TITLE COMMISSION EXPIRES

9 RECORDER STATEMENTS

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.

NAME OF PERSON MAKING AFFIRMATION

This instrument was prepared by the person identified below.

PREPARER NAME