QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 16 day of July, 2002,

by first party, Grantor, Sergio Garcia & Mayra Garcia
whose post office address is 304 Centinary Dr, Walnut, California 91789
to second party, Grantee, Leobardo Guerra & Olga Guerra

H4WW
whose post office address is 1428 Fischrup, Whiting, IN 46394

WITNESSETH, That the said party, for good consideration and for the sum of Ten-Dollars (\$10.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land and improvements and appurtenances thereto in the County of the Lake, State of in to wit: Davidson Third Edition lot 2 built 1924, 1,276 square feet first floor 1,276 unfinished attic 1,276 full basement showing no crawl space. Detached garage brick construction built 1924 441 square feet

lot size 25.0 wide by 144 ft long ument is the property of



C01805

19.00, cash

| and year first above written. Signed, seal | first party has signed and sealed these presents the day ed and delivered in presence of: |
|---|---|
| | Olas Ouena |
| Signature of Witness | Signature of First Party |
| | OLGA E. GUERRA |
| Print name of Witness | Print name of First Party |
| | 65/180hr |
| Signature of Witness | Signature of First Party |
| | Lope dela Tous POL |
| Print name of Witness | Print name of First Party |
| State of CALIFUANIA | - A - |
| State of CALIFORN A County of SAN BEANAGED | OLGA E. GOETAA |
| On July 19, 2002 before me. 170 BEA | basis of satisfactory evidence) to be the person(*) whose name(s) |
| personally known to me (or proved to me on the | basis of satisfactory evidence) to be the person(*) whose name(s) knowledged to me that he show they executed the same in |
| his her their authorized capacity (ies), and that b | y his/her/their signature(s) on the instrument the person(s), or the |
| entity upon behalf of which the person(s) acted, | executed the instrument. |
| WITNESS my hand and official seal. | |
| Probert of Me le the Lake | County Recorder! |
| Signature of Notary | County Recorder! Affiant Known Produced ID Type of ID (N) AND ORIVERS LICENSY |
| (Seal) | MCKEE : |
| COMMISSION # | 1351428 I |
| State of SAN BERNARDING | |
| County of My Communicion Expires | |
| On ************************************ | hagin of satisfactory spidows by the the |
| is/are subscribed to the within instrument and ac | basis of satisfactory evidence) to be the person(s) whose name(s) knowledged to me that he/she/they executed the same in |
| his/her/their authorized capacity(ies), and that by | whis/her/their signature(s) on the instrument the person(s), or the |
| entity upon behalf of which the person(s) acted, | executed the instrument. |
| WITNESS my hand and official seal. | |
| | |
| Signature of Notary | Affiant Known Produced ID |
| (Seal) | SEAL Type of ID |
| | WOJANA THE |
| | Signature of Preparer |
| | |
| | Print Name of Preparer |

SEE ATTACHED ACKNOWLEDOMENT

ALL PURPOSE ACKNOWLEDGMENT State of California County of JAN BERWARDING On SULY 19, 2012 before me, JOBERT 4. M. KER ,a Notary Public, personally _, personally known to me (or proved to appeared, MAYAAE SERGIO GARCIA me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. Signature ROBERT L. McKEE **COMMISSION # 1351428** NOTARY PUBLIC-CALIFORNIA SAN BERNARDINO COUNTY ission Expires April 15, 2006 ◆ COMPLETING THE FOLLOWING INFORMATION IS NOT LEGALLY MANDATED ◆◆◆ The information set forth below is an effort to protect members of the public, the Notary Public, or other officer from unauthorized use of this form. Please note: the capacity(ies) of the signers are NOT certified by the Notary Public or other officer and have not and will not be verified in any way by the Notary Public or other officer. ATTENTION: THE IDENTIFIABLE ATTRIBUTES OF THE ATTACHED DOCUMENT ARE AS LISTED BELOW Type or Title of Document: QUITCLAIM DEED Date of Document: 7-16-02 Number of pages (including attached exhibits) Name(s) of Creditable Witness(es), if any: The Signer(s) claimed the following capacity(ies) Signatory's Name: Signatory's Name ☐ Individual ☐ Individual ☐ Corporate Officer: (Position) ☐ Corporate Officer: (Rosition) ☐ Partner: (Limited) (General) ☐ Partner: (Limited) (General) L.L.C.: (Position) ☐ L.L.C.: (Position) ☐ Trustee ☐ Trustee ☐ Attorney in Fact Attorney in Fact Conservator ☐ Conservator ☐ Guardian ☐ Guardian ☐ Other: _ Other:

THUMBPRINT: Identify below only if the print is OTHER THAN

RIGHT thumbprint of the signer:

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THUMBPRINT: Identify below only if the print is OTHER THAN

RIGHT thumbprint of the signer: