2007 034263

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2007 APR 25 AM 10: 07

MICHAEL A. BROWN RECORDER

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[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

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Quitclaim Deed  Date of this Document: 4/18/2007	
Reference Number of Any Related Documents:	
Orantor:  Name  Street Address  520 Jeffell Ave OFFICIALIA	
City/State/Zip Calumet City IL 60-109	
Grantee: the Lake County Recorder FINAL ACCEPTANCE FOR TRANSF	ER
Name Street Address City/State/Zip  City/State/Zip  City/State/Zip  City/State/Zip  City/State/Zip  City/State/Zip	
Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, buildir condo name):	
Assessor's Property Tax Parcel/Account Number(s) DOI - 35-46-0155	
THIS QUITCLAIM DEED, executed this  20 01 , by first party, Grantor, Ty a Harris mailing address is 520 Jefferd Are Calumet City, FL 60409 second party, Grantee, 10, 115 + 16, de, co. whose mailing address is 1.0. For X02495 (Chicago, TL 160080)	, whose , to
WITNESSETH that the said first party, for good consideration and for the sum of 7000 Dollars (\$_0.00 ) paid by the said second party, the receipt whereof is hereby acknowledge does hereby remise, release and quitclaim unto the said second party forever, all the right; title, interest and one of the said second party forever.	ed, claim,

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which the said first party has in and to the thereto in the County of Lake	ne following described parcel of land, and improvements and appurtenances
to wit: 2601 Hand	and St. Gary In
Oak Paric Abb	4.37 BL.26
<b>IN WITNESS WHEREOF</b> , the said first party sealed and delivered in the presence of:	has signed and sealed these presents the day and year first written above. Signed
Signature of Witness	
Print Name of Witness	
Signature of Witness	
Print Name of Witness	
Signature of Grantor	Harry
Print Name of Grantor Tyta	Harris
State of <u>FNDIANA</u> County of <u>LAKE</u>	Document is TOFFICIAL!
appeared Type Land a to me on the basis of satisfactory evidence instrument and acknowledged to me that	personally mown to me (or proved to be the person(s) whose name(s) is/are subscribed to the within he/she/they executed the same in his/her/their authorized capacity(ies), ne instrument the person(s), or the entity upon behalf of which the
WITNESS) my hand and official seal	
Signature of Notary	CAROL J. CODY Notary Public State of Indiana My Commission Expires Oct 11, 2014
AffiantKnown_Produced ID Type of ID DRIVERS CEN	se III)
(Seal)	WOIANA MULTINE
	"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  PREPARED BY:
	HELANEN BY: