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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009.063094

2009 SEP 15 PM 3:46

MICHAEL A. BROWN
RECORDER

Recording requested by: _____

When recorded, mail to: _____

Name: EDGAR Gil

Address: 533 HIGHLAND ST

City: HAMMOND IN

State/Zip: IN 46320

Space above reserved for use by Recorder's Office

Document prepared by: _____

Name _____

Address _____

City/State/Zip _____

Property Tax Parcel/Account Number: _____

Quitclaim Deed

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This Quitclaim Deed is made on September 11, 2009, between EDGAR Gil, Grantor, of 533 HIGHLAND ST, City of HAMMOND, State of IN 46320, and RAFAEL GARCIA, Grantee, of 1949 127th ST APT 1R, City of BLUE ISLAND, State of ILLINOIS.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 6814 ARIZONA, City of HAMMOND, State of INDIANA 46323:

PROPERTY NUMBER: 45-07-09-257-012.000-023

HARTMAN'S GARDENS N 50 FT L 12 BL 3

DOC. 2002-050382

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 15 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, Taxes for the tax year of 2009 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

★NOVA Quitclaim Deed Pg.1 (01-09)

1800
CS
13/2/09

Dated: September 15, 2009

[Signature]
Signature of Grantor

EDGAR GIL
Name of Grantor

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of IN County of LAKE
On 9/15/09, the Grantor, Edgar Gil,
personally came before me and, being duly sworn, did state and prove that he/she is the person described
in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature

"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."
PREPARED BY: [Signature]

Notary Public,
In and for the County of LAKE State of IN
My commission expires: April 1 2016 Seal

Send all tax statements to Grantee.

