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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 080748

2009 DEC -4 AM 10: 38

MICHAEL A. BROWN
RECORDER

Above Space Reserved for Recording

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

Quitclaim Deed

Date of this Document: September 14, 2009

Reference Number of Any Related Documents: _____

Grantor:

Name Julia Concepcion
Street Address 6365 Robbins Rd
City/State/Zip Patage, IN 46368

Grantee:

Name Elba Concepcion
Street Address 2710 State St
City/State/Zip Lake Station, IN 46405

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): _____

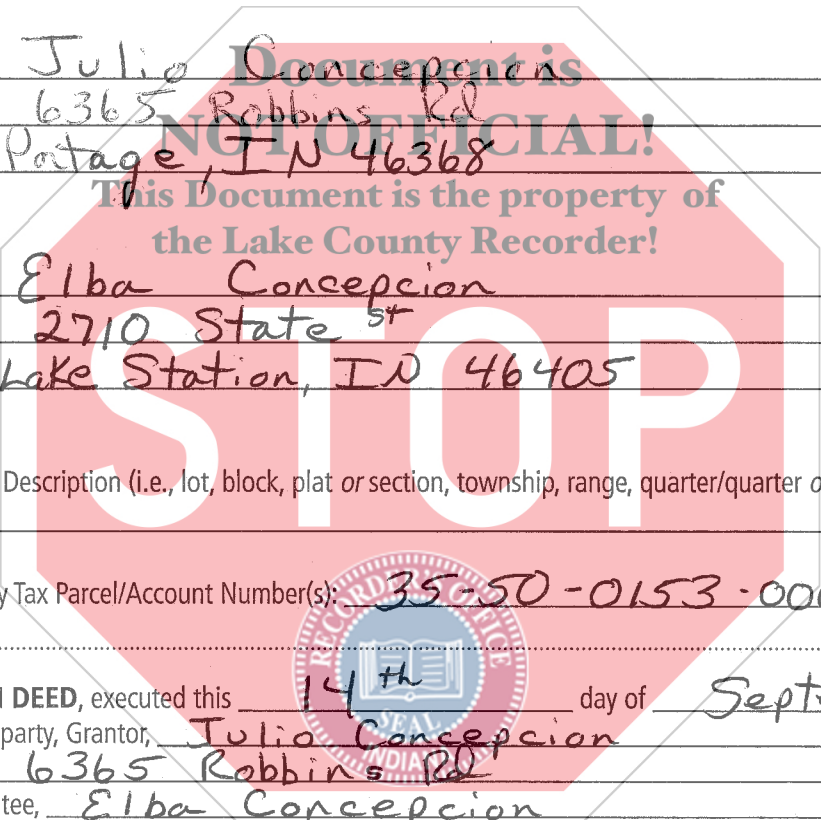
Assessor's Property Tax Parcel/Account Number(s): 35-50-0153-0003

THIS QUITCLAIM DEED, executed this 14th day of September, 2009, by first party, Grantor, Julia Concepcion, whose mailing address is 6365 Robbins Rd, to second party, Grantee, Elba Concepcion, whose mailing address is 2710 State St.

WITNESSETH that the said first 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,

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake State of IN to wit: 3rd Subdiv, East Gary All L-4-5 BL.14

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____
Print Name of Witness _____

Signature of Witness _____
Print Name of Witness _____

Signature of Grantor Julio Concepcion
Print Name of Grantor JULIO CONCEPCION

State of INDIANA
County of LAKE

On September 14, 2009, before me, CAROL J. CODY, personally known to me (or proved to 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.
Carol J. Cody
Signature of Notary

CAROL J. CODY
Notary Public
State of Indiana
My Commission Expires Oct 11, 2014

Affiant Known Produced ID
Type of ID Drivers License
(Seal)



"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]