2009 082323

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 DEC 11 PH 1:41

MICHAEL A. BROWN RECORDER

Recording requested by: Dominique MADLE When recorded, mail to:	
Name: Dom INIGUE MABLE	Space above reserved for use by Recorder's Office
Address: 2.0. Box 2263	Document prepared by:
	Name BobbiE Scott
City: GARY State/Zip: INGIANA 46409	Address P.O. BOX 4323
State/Zip: INGIANA 46409	City/State/Zip GARY, INDIANA 46404
Property Tax Parcel/Account Number: 45-08-27	-252-023-000-004
Quitcla	im Deed
This Quitclaim Deed is made on Octobe	2 15, 2009 , between
Bobbie Scott ,Gran	tor, of 3948 VERMONT ST
City of GARV	State of Indiana
and Dames 4 Out Mah/E	rantee, of 3948 VERMONH 5T
City of GARY	State of Told (Add 9)
, City of GARY	, 511110 01
	1 dependence all right title and interest held by
For valuable consideration, the Grantor hereby quit	claims and transfers all right, title, and interest held by
the Grantor in the following described real estate at	ind improvements to the Grantee, and his or her heirs
and assigns, to have and hold forever, located at	AGY TERMONT STREET
, City of GARY	, State of $\frac{2NO14NA}{1}$
EAST OVER S-18Ft L-15 BL-2	ALC L-16 BL-2 N. 6Ft. L-17
R1-Z.	
o Z Z	FINAL ACCEPTANCE FOR TRANSFER
Subject to all easements, rights of way, protective of Taxes for the tax year of 2009 shall be pror	ovenants, and mineral reservations of record, if any. ated between the Grantor and Grantee as of the date of the LAKE COUNTY AUDITOR
recording of this deed.	ODA NOVA Quitclaim Deed Pg.1 (01-09)
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	cs Bw
	Riv
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Dated: October 15, 2009
Bablie Seath Signature of Grantor
Robbi E Scott Name of Grantor
Signature of Witness #1 Carmelta V. Perry Printed Name of Witness #1
Signature of Witness #2 Signature of Witness #2 Signature of Witness #2
State of
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.
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT,
Notary Signature Welless Required BY LAW." PREPARED BY: Deblie feeth
Notary Public, In and for the County of My commission expires: O 30 30 0 17 Sea

Send all tax statements to Grantee.