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STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD

2009 085744

2009 DEC 29 AM 9:37

MICHAEL A. BROWN
RECORDER

Recording requested by: _____	Space above reserved for use by Recorder's Office
When recorded, mail to:	Document prepared by:
Name: <u>Edward Faconelli</u>	Name <u>LaJuan Reynolds</u>
Address: <u>10027 S. Ave N</u>	Address <u>2651 peck pl</u>
City/State/Zip: <u>Chicago IL 60617</u>	City/State/Zip <u>Gary IN 46407</u>
Property Tax Parcel/Account Number: <u>45-08-28-429-012.000-004</u>	

Quitclaim Deed

Document is NOT OFFICIAL!
 This Document is the property of the Lake County Recorder.

This Quitclaim Deed is made on December 3, 2009, between LaJuan Reynolds, Grantor, of 2651 peck pl Gary, City of Gary, State of INDIANA and Edward Faconelli, Grantee, of 9220 Manistee apt 1, City of Chicago, State of Illinois 60617.

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 4195 Washington, City of Gary, State of INDIANA:

Key # 45-08-28-429-012.000-004 / 25-43-0282-0020
Common Address 4195 Washington St Gary IN 46408
Glen park L.23 & 24 Bl.4

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

021975

RECORDER'S OFFICE
LAKE COUNTY, INDIANA
JULY ENTERED FOR TAXATION SUBJECT TO
DEC 30 2009
PEGGY HODINOWSKI
LAKE COUNTY AUDITOR
Deed Pg.1 (07-09)

CS
18-
BB

Dated: 12/3/09

Lajuan Reynolds
Signature of Grantor

Lajuan Reynolds
Name of Grantor

[Signature] : Edward Facorelli
Signature of Witness #1 Printed Name of Witness #1

[Signature] : Joshua Vesnor
Signature of Witness #2 Printed Name of Witness #2

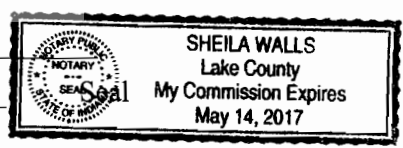
State of IN County of Lake
On Dec. 03, 2009, the Grantor, Lajuan Reynolds,
personally came before me and, being duly sworn, did state and prove that he/she is the person described
in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature



BY, THAT I HAVE TAKEN REASONABLE
CARE TO REDACT EACH SOCIAL SECURITY
NUMBER IN THIS DOCUMENT AS
REQUIRED BY LAW."
BY: [Signature]

Notary Public,
In and for the County of Lake State of IND.
My commission expires: May 14, 2017



Send all tax statements to Grantee.