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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 053350

2010 SEP 15 AM 9:55

MICHELLE B. FAJMAN
RECORDER

Recording requested by: _____	Space above reserved for use by Recorder's Office
When recorded, mail to:	Document prepared by:
Name: <u>Barbara Johnson</u>	Name: <u>Barbara Johnson</u>
Address: <u>418 McKinley St</u>	Address: <u>418 McKinley St</u>
City/State/Zip: <u>Gary, In 46404</u>	City/State/Zip: <u>Gary, In 46404</u>
Property Tax Parcel/Account Number: <u>45-08-08-281-012.000-004</u>	

Quitclaim Deed

This Quitclaim Deed is made on August 18, 2010, between
AARON LOVE, DERRICK L. LOVE, Grantor, of 1689 W 12th Ave
 _____, City of Gary, State of Indiana,
 and Barbara J.L. Johnson, Grantee, of 418 McKinley St
 _____, City of Gary, State of Indiana.

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 1689 W 12th Ave
 _____, City of Gary, State of Indiana.

Brief Legal Description
CONDIT McGinnity's Sub. Lots 27, 28, 29 BL 2

Subject to all easements, rights of way, protective covenants, ~~and other reservations~~ and other reservations SUBJECT TO, 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.

054618

SEP 15 2010
 ★NOVA Quitclaim Deed Pg.1 (07-09)
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

18
CS
2m

Dated: August 18, 2010

Aaron Love Derrick Love
Signature of Grantor

AARON LOVE Derrick L. Love
Name of Grantor

Barbara Johnson
Signature of Witness #1

Barbara Johnson
Printed Name of Witness #1

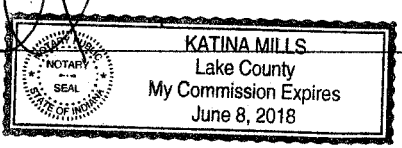
Shikita Smith
Signature of Witness #2

Shikita Smith
Printed Name of Witness #2

State of INDIANA County of Lake

On August 18, 2010, the Grantor, B. Aaron Love + Derrick L. Love 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 INDIANA

My commission expires: June 8, 2018



Send all tax statements to Grantee.

 **INDIANA** STATE OF INDIANA
OPERATOR DRIVER LICENSE

Barbara Johnson


DLN: 8918-24-7079
EXPIRES: 03/24/2012

BARBARA J JOHNSON
418 MCKINLEY ST
GARY, IN 46404

DATE OF BIRTH	TRANSACTION NO.	ISSUE
03/24/1953	63650030012	01/05/2006

HEIGHT	WEIGHT	HAIR	EYES	SEX	DONOR
5-04	190	BLK	BRO	F	

RESTRICTIONS ENDORSEMENTS SSN