

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 07 day of October, 2010
by first party, Jose C. Zarco Sr. and Abelina Zarco ✓
whose post office address is 1325 N. Bosworth Avenue, Chicago, County of Cook, Illinois 60642
to second party, Jose C. Zarco Sr. and Abelina Zarco and Edwin Zarco
whose post office address is:
Edwin Zarco -7447 Colorado Avenue, Hammond, County of Lake, Indiana 46323 and
Jose C. Zarco Sr and Abelina Zarco - 1325 N Bosworth Ave, County of Cook, Illinois 60642.

2010 058864

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 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 Indiana to wit:

7447 Colorado Avenue, Hammond, IN 46323
PARK VIEW TERRACE 2nd ADD. TO HAMMOND LOT 10 BL.2 ALL L. BL.2
(Legal Description)
New Parcel No.: 45-07-16-228-021.000-023
Old Parcel No.: 26-35-0410-0010

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 OCT - 7 PM 12:17
M. J. SCHUBERT
CLERK

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year above written.

Signed, sealed and delivered in presence of:

Connie Goodpastor
Witness

Jose C. Zarco
First Party

Witness

Abelina Zarco
Second Party

STATE OF INDIANA }
COUNTY OF LAKE } SS.

On October 7, 2010 before me.

Appeared Jose C. Zarco, Sr and Abelina Zarco - and witness Connie Goodpastor
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 her/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the WITNESS my hand and official 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: Connie Goodpastor A Z.

Signature Paula D Hairston
Paula D HAIRSTON

Affiant _____ Known Produced ID _____
Type of ID Driver's license
(Seal)

mail to:
~~1325 N Bosworth Ave~~ 7447 Colorado Ave.
Hammond, IN. 46323
➔

17-
CS
KLS