2011 011891

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 MAR - 1 PM 1: 38

MIUT RECURDER

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: 3-1-2011	
	Reference Number of Any Related Documents: Grantor: Name Street Address DULY ENTERED FOR TAXATION SUBJECT TO Street Address ARE THOU	
	Grantor: Name Street Address 16 45 3011 Street Address S	
	Name Map Map Map Map Map NOTE FOR TO VENEZO	
	Name Street Address City/State/Zip Name MAR 0 1 SUBJECT TO City/State/Zip Name MAR 0 1 COURT	
	City/State/Zip County of C	
	Name Street Address City/State/Zip Grantee: Name Name	
	Name State of the	
. ,	Street Address 1945 1947 COURT City/State/Zip 2944 1948	
Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and		
	condo name): Alana Illiana I.	
	Assessor's Property Tax Parcel/Account Number(s): 5-08-29-27-9007.0000/	
	THIS QUITCLAIM DEED, executed this x 20. // , by first party, Grantor , whose	
	mailing address is 1645 (1) 39 th Court forms to second party, Grantee, Salva Standard forms	
	whose mailing address is 11645 W 39 th COURT	
	WITNESSETH that the said first party, for good consideration and for the sum of \leq \leq	
	Dollars (\$) 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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	LF298-1- RB- Q5/05	

which the said first party has in and to the following described thereto in the County of to wit:	parcel of land, and improvements and appurtenances , State of
IN WITNESS WHEREOF , the said first party has signed and sealed sealed and delivered in the presence of:	these presents the day and year first written above. Signed,
Signature of Witness	
Print Name of Witness	
Signature of Witness	
Print Name of Witness	
Signature of Grantor	A.
Print Name of Grantor Signature of Grantor Signature J Signature Signature Signature of Grantor	5
State of Documer	nt is
County of Are NOT OFFI	GLATIN TO
On Matorial Control of the period of the control of	property, 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 and that by his/her/their signature(s) on the instrument the per	
person(s) acted, executed the instrument.	son(s), of the entity aport behalf of which the
WITNESS my hand and official seal.	
	"I AFFIRM, UNDER THE PENALTIES FOR
Signature of Notary	PERJURY, THAT HAVE TAKEN REASON ABLE CARE TO REDACT EACH SOCIAL
	SECONITY NUMBER IN THIS DOCUMENT
Affiant Kaown Produced ID	UNLESS REQUIRED BY ANY PREPARED BY:
Affiant Known Produced ID Type of ID Addison Olis Silving	8
(Seal)	
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	Official Section 10RES
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