STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 014128   2011 MAR 14 AM 10: 18

MICHELLE R. FAJMAN
RECORDER

QUITCLAIM DEED

45-07-10-104-006.000-023

THIS INDENTURE WITNESSETH, that   SALEM ALSALAHI, GRANTORS, of   **LAKE**   County in the State of   **INDIANA** QUITCLAIM to   **KAID SALEH MOHAMED NASSER,**   GRANTEE, of   **LAKE** County in the State of   **INDIANA,** in consideration of One Dollar ($1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in   **LAKE**   County, in the State of Indiana.

LOT 1 AND 2 IN BLOCK 1 IN BALDWIN ADDITION TO GARY, IN THE CITY OF HAMMOND,
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 35, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **3350 165TH STREET, HAMMOND, IN 46323**

Dated this   11TH   day of MARCH, 20 11 .

Salem Y A Isalah

SALEM ALSALAHI

STATE OF INDIANA, COUNTY OF   LAKE   SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of March , 20 11 , personally appeared **SALEM ALSALAHI,** and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____   Signature *Karen Craig* _____
Resident of _____ County   Printed _____ , Notary Public

This instrument prepared by :   **SALEM ALSALAHI**

KAREN CRAIG
Lake County
My Commission Expires
November 4, 2014

RETURN DEED TO: **GRANTEE -**
GRANTEE'S STREET OR RURAL ROUTE ADDRESS: **3350 165TH STREET, HAMMOND, IN 46323**
SEND TAX BILLS TO: **GRANTEE – 3350 165TH STREET, HAMMOND, IN 46323**

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.

 SALEM ALSALAHI

Salem Y A Isalah

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR 14 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

000830

AMOUNT $ 16^{oo}
CASH _____ CHARGE _____
CHECK #_____
OVERAGE _____
COPY _____
NON - COM _____
CLERK _____ Rm