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MICH RECORDER

THIS INDENTURE WITNESSETH, that GILBERT ORTEGA, (Grantor) of Lake County, in the State of Indiana, QUIT CLAIMS to GILBERT ORTEGA, Trustee of the GILBERT ORTEGA REVOCABLE LIVING TRUST FOR REAL ESTATE dated the 29th day of April, 2011, (Grantee), for the sum of TEN DOLLARS (\$10.00) and other valuable consideration, the receipt and sufficient of which is hereby acknowledged, the following described real estate in Lake County, State of Indiana:

LOT 29 IN TRIANGLE PARK, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 34, PAGE 62, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA 46324

Parcel ID No: 45-07-07-481-005.000-023

Reserves Life Estate in GILBERT ORTEGA Subject to any and all easements, agreements and restrictions of record. The address of such real estate is commonly known as 7219 Birch Avenue, Hammond, IN 46324 Tax bills should be sent to Grantee at such address unless otherwise indicated below. IN WITNESS WHEREOF, Grantor has executed this deed this 29 H **GRANTOR:** Signature DAVID G. CLARK Printed: PUBLIC, STATE OF INDIANA is the prope SEM STATE OF INDIANA the Lake County Record WE COUNTY) S\$ ISSION EXPIRES COUNTY OF LAKE **NOVEMBER 18, 2017** Before me, a Notary Public, in and for said County and State, personally appeared GILBERT ORTEGA, who acknowledged the execution of the foregoing Quit Claim Deed In Trust, and who, having been duly sworn, stated that any representations therein contained are true. 294 Witness my hand and Notarial Seal this day of 2011. Signature: My Commission Expires: This instrument prepared by David G. Clark, Attorney (No. 15397-45), 419 Ridge Road, Suite C, Munster, IN 46321 I affirm, under the penalties for perjury, that Phave taken reasonable care to reduct each Social Security number in this document, unless required by law. DAVID.G. CLARK Send Tax Bills to Grantee's Address: 7219 Birch Avenue, Hammond, IN 46324

DULY ENTERED FOR TAXATION SUBJECT

MAY 1 8 2011

INAL ACCEPTANCE FOR TRANSFER

052846 HOLINGA KATONA LAKE LIQUINTY AUDITOR AMOUNT \$ 1000

CASH CHARGE

CHECK # OVERAGE

COPY NON-COM

CLERK