٠.				
>	This document prepared by (and after recording return to): Name: Coretta Ellerbeezo Firm/Company: Address: 4/9 Fillmore St. } Address 2: City, State, Zip: Gary, Indiana Phone: Phone: Phone:	042126	7011 AUG -	4 P# 2:31
		Above This Line Re	eserved For Official Use Only-	
	QUITCLAIN (Individual to I			
C	THIS INDENTURE WITNESSETH, That unmarried married, hereinafter referred to retta Elerbeen Individual, unmarried of One Dollar (\$1.00) and other valuable consideration, following lands and property, together with all improperty, State of Indiana, to-wit: Describe Property of State "SEE DESCRIPTION."	as "Grantor" od married, he the receipt of who were to so the control of the cont	', conveys and quite reinafter "Grantee", for ich is hereby acknowle	laims to the sum dged, the county of
	Prior instrument reference: Book O, Page County, Indiana. The Lake County LESS AND EXCEPT all oil, gas and minerals, by Grantor, if any, which are reserved by Grantor.	e property Recorder!	of	
	SUBJECT to all easements, rights-of-way, proterecord, if any. TO HAVE AND TO HOLD same unto Grant with all appurtenances thereunto belonging.			
	Taxes for tax year shall be prorated by Grantor and Grantee, or paid by Grantee,	id by Grantor.	caused this deed to be RED FOR TAXATION SUBJECTANCE FOR TRANSFER	executed
	_		AUG 0 4 2011	Cs.
	054616		EGGY HOLINGA KATONA AKE COUNTY AUDITOR	44
	- Quitclaim Deed	- Page 1 -		MOMGONE

Sountle	Kalla
Grantor	ready
Louretta	Kelley
Type or Print Name	,y

Resident(s) of County, Indiana.
STATE OF TWO AND COUNTY OF LAKE
Before me, a Notary Public in and for the said County and State, personally appeared who acknowledged the execution of the foregoing Quitclaim Deed, and who having been duly sworm, stated that any representations therein contained are true.
Witness my hand and Notarial Seal this day of Aug (57, 20//.
This Document is the property of the Lake County Print Name! (14 pc)
My commission expires: CAROL J. CODY Notary Public State of Indianal Envir annitisation Expires Oct 11, 2014
This instrument prepared by:
Title:
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. (Name of Preparer)

Grantor(s) Name, Address, phone:

Louretta Kelley 419 Fillmore street Gary, Indiana, 46402 Grantee(s) Name, Address, phone:
Coretta Ellerbee
419 Fillmore Street
Gary, Indiana, 46402
SEND TAX STATEMENTS TO GRANTEE
419 Fillmore Street
Gary, Indiana, 46402

Lot 30 and the North /2 Feet of Lot 31 in Block 95 in Gary Land Company's First Subdivision in the City of Bary as per Plat there of recorded in Plat Book to Page 15 in the office of the Recorder of Lake County 45-08-04-182-004.000-004

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