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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 068314

2011 DEC -1 AM 9:09

MICHELLE R. FAJMAN
RECORDER

Recording requested by: _____ Space above reserved for use by Recorder's Office
 When recorded, mail to: _____ Document prepared by:
 Name: Kathy Sutton Name James Taylor
 Address: 768 King St. Address 6 DANIELLE Ct
 City/State/Zip: GARY IN 46406 City/State/Zip Jackson MS 39206
 Property Tax Parcel/Account Number: 45-07-01-352-015-000-004

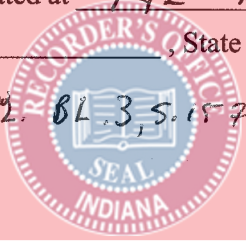
Quitclaim Deed

Document is NOT OFFICIAL!

This Quitclaim Deed is made on Nov. 30 2011, between
JAMES TAYLOR, Grantor, of 742 King St
 _____, City of GARY, State of IN,
 and Kathy Sutton, Grantee, of 768 King St.
 _____, City of GARY, State of Indiana.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 742 King St
 _____, City of GARY, State of INDIANA:

E. HYDE PARK ADD. L. 12. BL. 3, S. 1574. L. 11, B13
W. 1074. L. 13 BL. 3, 001



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

DEC 01 2011

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2011 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

REGOY HOUNGA KATONA
LAKE COUNTY AUDITOR

★NOVA Quitclaim Deed Pg.1 (07-09)

004517

18⁰⁰
CS
RH

Dated: 11.29.11

[Signature]
Signature of Grantor

JAMES TAYLOR
Name of Grantor

Joyce Cook Signature of Witness #1 Joyce Cook Printed Name of Witness #1

[Signature] Signature of Witness #2 Joe Small Printed Name of Witness #2

State of INDIANA County of Lake

On November 29, 2011, the Grantor, James Taylor, personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature



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: [Signature]

Notary Public,
In and for the County of Lake State of INDIANA
My commission expires: JUNE 8, 2018



Send all tax statements to Grantee.