

QUITCLAIM DEED *in S.G*

THIS QUITCLAIM DEED, Executed this 13th day of October, 2011, by first party, **Tiffany A. GONZALEZ**, whose post office address is **6411 TENNESSEE, HAMMOND, INDIANA, 46323** to second party, **SAMUEL. GONZALEZ**, whose post office address is **6411 TENNESSEE. HAMMOND, INDIANA 46323**.

WITNESSETH, That the said first party, for good consideration and for the sum of **\$1.00** 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 which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of **LAKE**, State of **INDIANA**, to wit:

6411 TENNESSE AVENUE, HAMMOND, IN 46323, also known as: CLINEWAY ADD. L34 BL.4

Parcel Number **45-07-03-479-014.000-023, old parcel number 26-32-0152-0033**

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

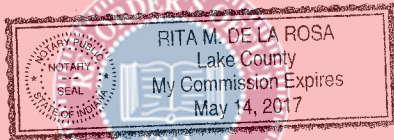
Witness *Tiffany A. Gonzalez*
First Party
Witness *Samuel Gonzalez*
Second Party

STATE OF }
COUNTY OF }

On October 13, 2011 before me, Rita DeLaRosa, personally appeared Tiffany A. & Samuel Gonzalez, 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 the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Rita DeLaRosa
Signature



Affiant: Known Unknown

ID Produced: _____

[Seal]

AMOUNT \$ 17-
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM
CLERK SS

DEC 01 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

"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: *AM*

057355

2011 068463

2011 DEC 1 PM 1:13

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD