## 2011 074584

2011 DEG 27 AM 10: 33

William Standard

| Recording requested by: <u>Jasmine S</u> Hamilton        | Space above reserved for use by Recorder's Office        |
|----------------------------------------------------------|----------------------------------------------------------|
| When recorded, mail to:                                  | Document prepared by:                                    |
| Name.George W Jeffries                                   | Name George W Jeffries                                   |
| Address: 2100 w 6th ave                                  | Address 2100 w 6th ave                                   |
| City/State/Zip: Gary, IN 46404                           | City/State/Zip Gary, IN 46404                            |
| Property Tax Parcel/Account Number: 45-08-04-3           | 36-016.000-004.                                          |
|                                                          |                                                          |
| Quitclair                                                | m Dood                                                   |
| Docum                                                    |                                                          |
|                                                          | icht is                                                  |
| This Quitclaim Deed is made on 12-20-11                  | , between                                                |
| Jasmine S Hamilton, Grantor                              | of 604 Polk Street, Gary                                 |
|                                                          | State of IN 46402,                                       |
|                                                          | ntee, of 2100 w 6th ave                                  |
|                                                          | , State of IN, 46404 .                                   |
|                                                          |                                                          |
| For valuable consideration, the Grantor hereby quitcla   | ims and transfers all right, title, and interest held by |
| the Grantor in the following described real estate and i | mprovements to the Grantee, and his or her heirs         |
| and assigns, to have and hold forever, located at 60     |                                                          |
| , City of Gary                                           |                                                          |
| Property Number: 45-08 04-336-                           |                                                          |
| The North 19 feet of Lot 38 and                          |                                                          |
| Gary land Company,s First Subd.                          | ivision, in the city of Gary,                            |
| as per plat thereof, recorded                            | in Plat Book 6 page 15, in the                           |

Office of the Recorder of Lake County, Indiana

recording of this deed.

Subject to all easements, rights of way, protective (CALACCEPTANCE CONTRACTION SUBJECT TO

Taxes for the tax year of \_\_\_\_\_ shall be prorated between the Grantor and Grantee as of the date of pecording of this deed.

PEGGY HOLINGA KATONA NOVA Quitclaim Deed Pg.1 (07-09) LAKE COUNTY AUDITOR

004882

| Dated: 12-20-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Jasmine J. Handted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Signature of Grantor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Jasmine S Hamilton Name of Grantor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Done don the Degree Tour Handton Tours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of Witness #1  Printed Name of Witness #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| This Document is the property of Jeffine S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature of Witness #2  Printed Name of Witness #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| State of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| State of INDIANA County of LAKE On December 20, 2011, the Grantor, George Jeffnies,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| personally came before me and, being duly sworn, did state and prove that he/she is the person described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| n the above document and that he/she signed the above document in my presence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Gulyn Wallow "I AFFIRM, UNDER THE PENALTIES FOR "I AFFIRM, UNDER THE PENALTIES FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Notary Signature  PERJURY, THAT HAVE TRICE SOCIAL  ABLE CARE TO REDACT EACH SOCIAL  ABLE CARE TO RE |
| Notary Public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| n and for the County of LAKE State of INPREPARED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| My commission expires: July 8, 2016 Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Send all tax statements to Grantee.

★NOVA Quitclaim Deed Pg.2 (07-09)