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# QUITCLAIM DEED

**THIS QUITCLAIM DEED, Executed this 6<sup>th</sup> day of March, 2013, by the Grantor(s),**

Brenda Brown

Whose Address is:

5609 Feathercreek Rd.

Matteson, IL 60443

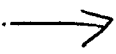
**to the Grantee(s),**

Alethea Harris

Whose Address is:

1352 W. 76<sup>th</sup> Ave.

Merrillville, IN 46410



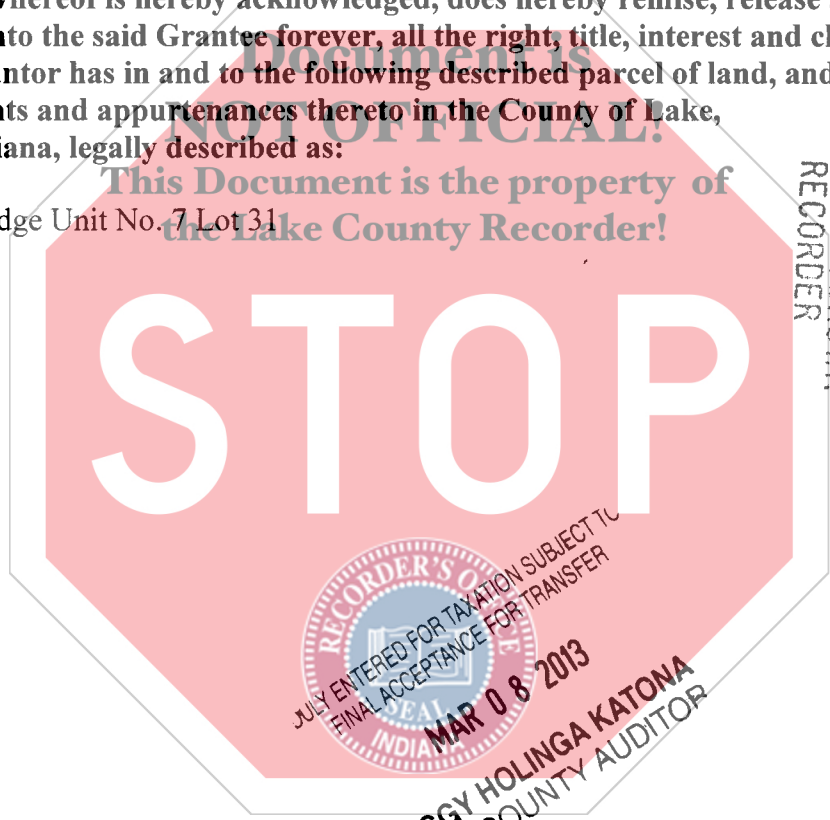
2013 017410

**WITNESSETH, That the said Grantor, for:**

Love and Affection

**the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana, legally described as:**

Savannah Ridge Unit No. 7 Lot 31



This Document is the property of the Lake County Recorder!

MICHAEL S. BROWN  
RECORDER

2013 MAR -8 AM 8:51

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

001337

19-0  
CASH  
NON CONF.  
PD

Commonly known as: 1352 W 76<sup>th</sup> Ave, Merrillville, Indiana 46410

Parcel Indentification: 45-12-16-353-009.000-030

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

Signed, sealed and delivered in presence of:

Signature *Brenda Brown*  
Print Name: BRENDA BROWN  
Capacity: Grantor

This Instrument prepared by: **When recorded mail this deed and tax statement to:**  
Brenda Brown Alethea Harris  
5609 Feathercreek Road 1352 W 76<sup>th</sup> Ave  
Matteson, IL 60443 Merrillville, IN 46410

On March 7, 2013 before me, Michelle Price,  
personally appeared **Brenda Brown**

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. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Michelle Price*  
Print Name Michelle Price  
My Commission Expires Aug 17 2014



"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."

Affiants Signature *Brenda Brown*  
Print Name BRENDA BROWN