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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 020356

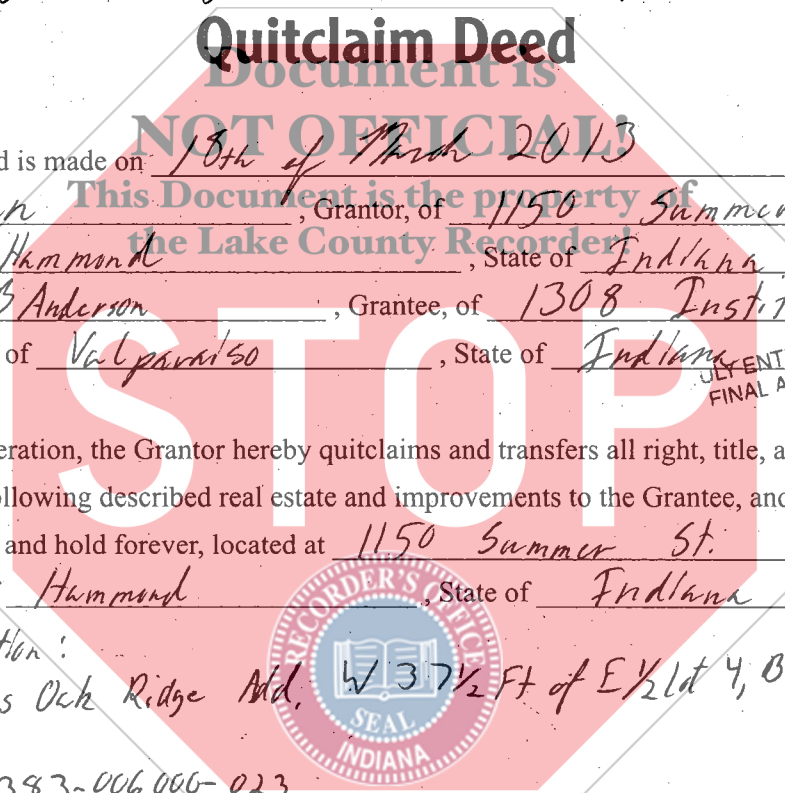
2013 MAR 18 PM 1:25

MICHAEL B. BROWN
RECORDER

Recording requested by: Michael Anderson Space above reserved for use by Recorder's Office
 When recorded, mail to: Document prepared by:
 Name: Michael B. Anderson Name Michael B. Anderson
 Address: 1308 Institute St. Address 1308 Institute St.
 City/State/Zip: Valparaiso, IN 46383 City/State/Zip Valparaiso, IN 46383
 Property Tax Parcel/Account Number: 45-03-31-383-006,000-023
 Rediv. Helbergs Oak Ridge Add. W. 37 1/2 Ft. of E 1/2 Lot 4, BL5

Quitclaim Deed

This Quitclaim Deed is made on 18th of March 2013, between
Mark Galvan, Grantor, of 1150 Summer St.
 , City of Hammond, State of Indiana,
 and Michael B Anderson, Grantee, of 1308 Institute St.
 , City of Valparaiso, 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 1150 Summer St.
 , City of Hammond, State of Indiana

Legal Description:
Rediv. Helbergs Oak Ridge Add. W 37 1/2 Ft of E 1/2 lot 4, BL5
 Parcel No.:
45-03-31-383-006,000-023

Commonly known as: 1150 Summer St. Hammond, IN
 Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.
 Taxes for the tax year of 2011/2013 shall be prorated between the Grantor and Grantee as of the date of
 recording of this deed.

MAR 18 2013
 PEGGY HOLMES KATONA
 LAKE COUNTY AUDITOR
 SUBJECT TO TAXATION
 FINAL ACCEPTANCE FOR TRANSFER

21823

18
AD
CS

Dated: 3/18/13

[Signature]
Signature of Grantor

MARK GALVAN
Name of Grantor

Signature of Witness #1 _____ Printed Name of Witness #1 _____

Signature of Witness #2 _____ Printed Name of Witness #2 _____

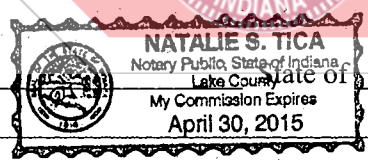
State of Indiana County of Lake

On 3/18/13, the Grantor, Mark Galvan

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

Notary Public,
In and for the County of _____
My commission expires: _____ Seal



Send all tax statements to Grantee.

bmv.gov

INDIANA OPERATOR LICENSE



4d DLN 1420-14-2266
4a Iss 05/15/2012 4b Exp 01/12/2015

1 ANDERSON
2 MICHAEL BROOKS

8 1308 INSTITUTE ST
VALPARAISO, IN 46383

9 Class
3a End NONE
3b Res NONE
4c DOB 01/12/1978
5a Sex M
6a Hgt 5-06
7a Wgt 173
8a Eyes HAZ
9a Hair BLN

Michael Brooks

