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2013 JUL -3 AM 10: 54

MICHAEL B. BROWN
RECORDER

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS, AND INSERTION OF SPECIAL CLAUSES, MAY CONSTITUTE THE PRACTICE OF LAW WHICH SHOULD ONLY BE DONE BY A LAWYER.

MAIL TAX BILLS TO:

City of Gary, 839 Broadway, Gary, Indiana 46402

QUITCLAIM DEED

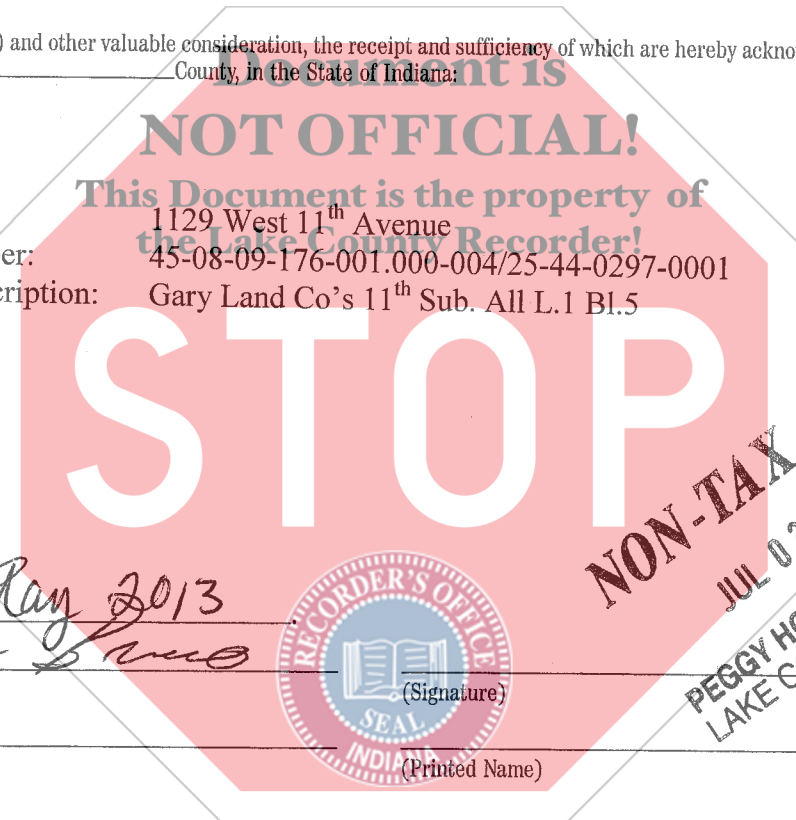
THIS INDENTURE WITNESSETH, that Sam Bravo, 441 Nantucket Rd, Valparaiso, IN 46385

GRANTOR(S) of Lake County in the State of Indiana

QUITCLAIM(S) to City of Gary (a Municipal Corporation)

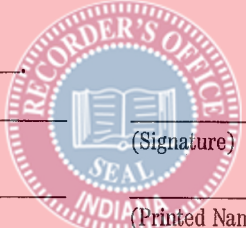
GRANTEE(S) of Lake County in the State of Indiana

in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:



Address: 1129 West 11th Avenue
Key Number: 45-08-09-176-001.000-004/25-44-0297-0001
Legal Description: Gary Land Co's 11th Sub. All L.1 Bl.5

Dated this 17th day of May 2013
By: *[Signature]*
(Signature) Sam Bravo
(Printed Name)



NON-TAXABLE
JUL 03 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

(Signature) _____ (Signature) _____
(Printed Name) _____ (Printed Name) _____

STATE OF INDIANA, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of May 2013, personally appeared: Sam Bravo and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: 11-23-2016 Signature: *[Signature]*
Resident of Lake County Printed: CARROL PIRTLE, Notary Public

This instrument prepared by Niquelle Allen, acting in her official capacity as Corporation Counsel for the City of Gary, Indiana Attorney at Law, Attorney No. 24553-45

MAIL TO:

GRANTEE
City of Gary, Department of Redevelopment
839 Broadway, Suite S200
Gary, Indiana 46402

"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]*

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\$16.00
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