

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 026921

2014 MAY 13 AM 10:49

MICHAEL B. BROWN
RECORDER

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH

That LAKES OF THE FOUR SEASONS PROPERTY OWNERS' ASSOCIATION, INC., an Indiana Corporation, of Lake County and State of Indiana.

RELEASES AND QUIT CLAIMS


To: **Timothy R. Shepard, of 1902 Loganberry Ln, Crown Point, Lake County, Indiana** for the sum of One Dollar (\$1.00) and other good and valuable consideration, all the oil, gas and mineral rights in and to the following described real estate in Lake County, in the State of Indiana, to-wit:

Lot 1193, in Lakes of the Four Seasons, Unit No. 9, as per plat thereof, recorded in Plat Book 38, Page 78, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 3850 Kingsway Drive, Crown Point, IN 46307.

IN WITNESS WHEREOF, Brian E. Less, Attorney in Fact for Lakes of the Four Seasons Property Owners' Association, Inc., for and on behalf have hereunto set his hands and seals this 6th day of May 2014.

NORTHWEST INDIANA TITLE
162 WASHINGTON STREET
LOWELL, IN 46356
219-696-0100
20241

Lakes of the Four Seasons
Property Owners' Association, Inc.

By: 
Brian E. Less, Attorney in Fact

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

Before me, the undersigned Notary Public in and for said County and State, personally appeared the within in named Brian E. Less, Attorney in Fact for Lakes of the Four Seasons Property Owners' Association, Inc., and acknowledged the execution of the foregoing deed to be their voluntary act and deed with full authority of the Lakes of the Four Seasons Property Owners' Association, Inc., as directed by its duly elected, qualified and acting Board of Directors.

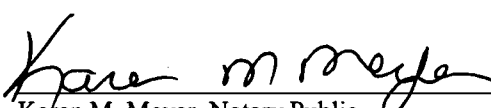
Witness my hand and official seal this 6th day of May 2014.

OFFICIAL SEAL FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

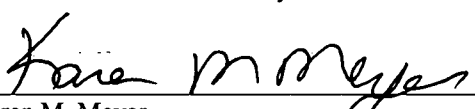
MAY 13 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

My Commission Expires: June 8, 2015


Karen M. Meyer, Notary Public
Resident County: Porter

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.


Karen M. Meyer

THIS INSTRUMENT PREPARED BY: BRIAN E. LESS, ATTY. NO. 21973-49, P.O. BOX 98, HEBRON, IN 46341

NO CONSIDERATION

AMOUNT \$ 012559
CASH _____ CHARGE _____
CHECK # 1839
OVERAGE _____
COPY _____
NON-COM _____
CLERK 