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QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 1st day of May, 2013, by the Grantor(s),
Michael Gantz
729 N Hancock
Gary IN 46403-2365

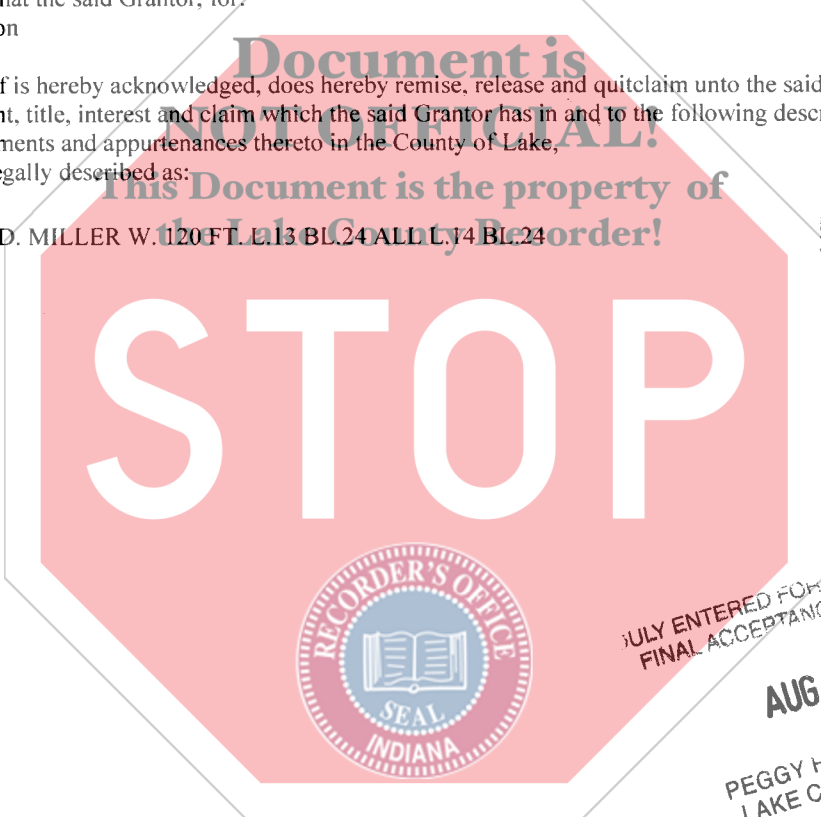
2014 048413

to the Grantee(s),
Michael Potter
6536 S. Woodlawn Ave.
Chicago, Illinois 60637

WITNESSETH, That the said Grantor, for:
Good consideration

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:

DALY'S 1ST ADD. MILLER W. 120 FT. L. 13 BL. 24 ALL L. 14 BL. 24



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 AUG 12 AM 11:18
MICHAEL BROWN
RECORDER

25580

ADULTY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

AUG 12 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

\$1800 cash

Commonly known as: 5920 E 4TH AVE, GARY IN 46403

Parcel Identification: 45-09-06-256-013.000-004

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 Thomas T. Roberts
Print Name: THOMAS T. ROBERTS
Capacity: Treasurer

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

This Instrument prepared by:

Michael Potter
6536 S. Woodlawn Ave.
Chicago, Illinois 60637

When recorded mail this deed and tax statements to:

Michael Potter
2040 E. 79th St.
Chicago, Illinois 60649

STATE OF Indiana

COUNTY OF Lake

On 5.1.13 before me, Thomas T. Roberts, personally appeared _____

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 Deanna C. Lindlow
Print Name Deanna C. Lindlow
My Commission Expires 11.17.2013

[Seal]

"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 [Signature] Print Name Tracey Peterson

