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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048792

2014 AUG 13 PM 2:00

MICHAEL G. BROWN
RECORDER

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[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: 08/13/14

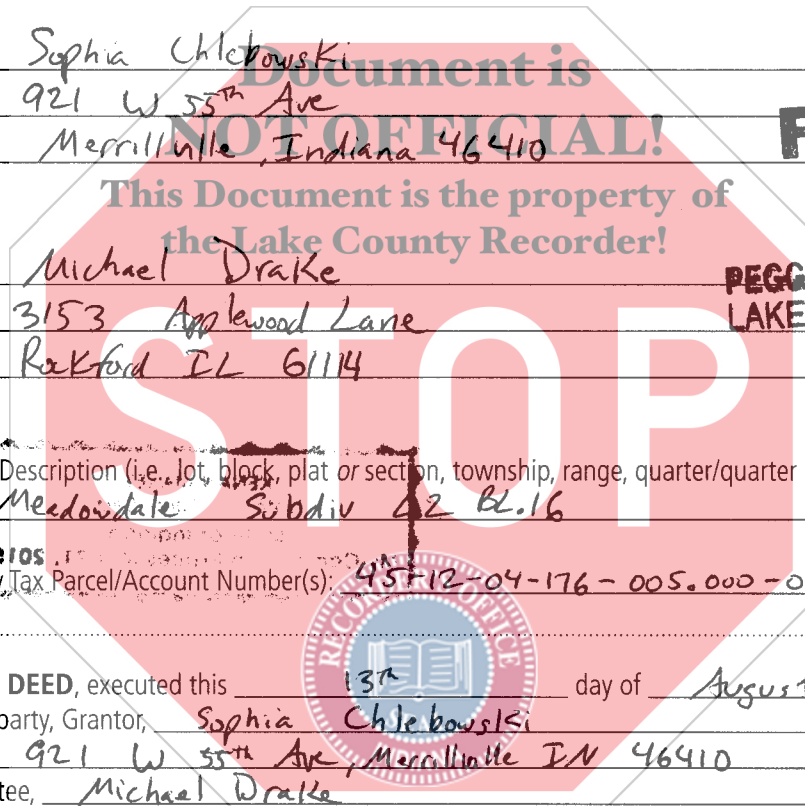
Reference Number of Any Related Documents: _____

Grantor:

Name Sophia Chlebowski
Street Address 921 W 55th Ave
City/State/Zip Merrillville, Indiana 46410

Grantee:

Name Michael Drake
Street Address 3153 Applewood Lane
City/State/Zip Rockford IL 61114



FILED

AUG 13 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): Meadowdale Subdiv 42 Bl. 16

Assessor's Property Tax Parcel/Account Number(s): 4512-04-176-005.000-031

THIS QUITCLAIM DEED, executed this 13th day of August, 2014, by first party, Grantor, Sophia Chlebowski, whose mailing address is 921 W 55th Ave, Merrillville IN 46410, to second party, Grantee, Michael Drake, whose mailing address is 3153 Applewood Lane, Rockford IL 61114.

WITNESSETH that the said first party, for good consideration and for the sum of ten dollars Dollars (\$ 10) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

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which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Lake, State of Indiana to wit: 921 W 55th Ave, Merrillville, IN 46410
Meadowdale Subdiv L2 Bl. 16

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness _____
Print Name of Witness _____

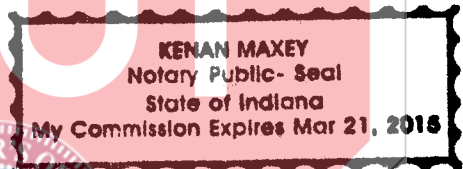
Signature of Witness _____
Print Name of Witness _____

Signature of Grantor Sofia Chlebowski
Print Name of Grantor SOFIA CHLEBOWSKI

State of Indiana
County of Lake

On 8-13-14, before me, KENAN MAXEY,
appeared SOFIA CHLEBOWSKI, 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.

WITNESS my hand and official seal:
Kenan Maxey
Signature of Notary



Affiant Known Produced ID
Type of ID State id
(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."

PREPARED BY: [Signature]

INDIANA
IDENTIFICATION

CHIEF CLERK
18024

1801 W 38TH AVE
MERRILLVILLE, IN

1 Class
2a End NONE
12 Res NONE
3 DOB 02/01/11
5 Transaction 0624125360062 19 Hair Brn

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