

2014 082446

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 DEC 29 AM 10:57

MICHAEL B. BROWN
RECORDER

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QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 29 day of December, 2014, by the Grantor(s),
David Michael Lubarski
Whose address is:
2841 37th Place
Highland, Indiana 46322
County of: Lake

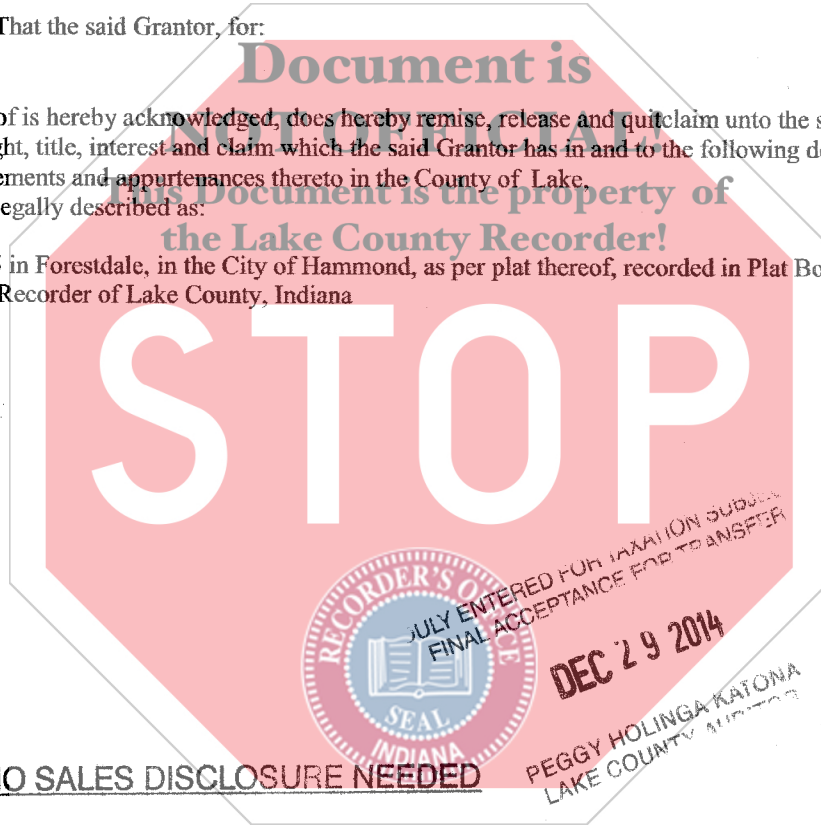
to the Grantee(s),
Zachary James Lubarski
Whose address is:
6835 Woodmar Avenue
Hammond, Indiana 46323
County of: Lake

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WITNESSETH, That the said Grantor, for:

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:

Lot 11 in Block 5 in Forestdale, in the City of Hammond, as per plat thereof, recorded in Plat Book 20, page 16 in the Office of the Recorder of Lake County, Indiana



29150

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: _____ *ml* _____

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BN*

Commonly known as: 6835 Woodmar Avenue Hammond, Indiana 46322

Parcel Identification: 45-07-08-280-011.000-023

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 [Signature]
Print Name: David M. Lubarski DAVID M. LUBARSKI
Capacity: Grantor

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

Signature _____
Print Name: _____
Capacity: _____

This Instrument prepared by:
David M. Lubarski
2841 37th Place
Highland, Indiana 46322

When recorded mail this deed and tax statements to:
Zachary James Lubarski
6835 Woodmar Avenue
Hammond, Indiana 46322

Document NOT OFFICIAL!

STATE OF Indiana This Document is the property of
COUNTY OF Lake the Lake County Recorder!

On 12/29/2014 before me, Joyce Ann Goszewski, personally appeared
DAVID M. LUBARSKI

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 [Signature]
Print Name Joyce Ann Goszewski
My Commission Expires 12/15/2022

JOYCE ANN GOSZEWSKI
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Dec 15, 2022

"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 _____ Print Name _____