i	QUITCLAIM DEED	201
Full	THIS QUITCLAIM DEED, Executed this August 7 day of 2014	-
4	by first party, Michael K. Sebben	4
	whose post office address is 1/6 N' Linda Street . Hobart, IN 463	22
F F	to second party, Leanna R. Hedger & Kiebal B. Fitzgergi	1,7
F F F F	whose post office address is 1/6 1 inda 5+ Hobert IN 46342	
S		_
	, paid by the sain second party, the receipt whereon's here	
A	acknowledged, does hereby remise, release and quitclaim unto the said second party foreyer, a right, title, interest and claim which the said first party has in and to the following described party	
Š)	land, and improvements and appurtenances thereto in the County of Lake of Jahana to wit:	State 9
1	TO THE TOTAL OF THE PARTY OF TH	N G
R	This Document is the pro25420	2014
A		GA KATONA)
0	IN WITNESS WHEREOF, The said first party has signed and sealed these presents the the year first-above written, Signed, sealed and delivered in presence of:	X AND
F	Bounda Metron Mechael & Selle	2
9	Signature of Witness Signature of First Party Michael K. Sephen	
Ā	Print name of Witness Print name of First Party	2.4
Recoe	Signature of Witness Signature of First Party	1955 May
<u>ي</u> بو	Leanna R Heckger KielandB.	Fitzgerale of
C.	Print name of Witness Print name of First RegNYERED FO	MCE I OILLIAM _ /1
Se Ce	State of INCULAR APR	1 6 2015
•	on August 7, 2014 before me Belinda Metzger notional	-77448
	appeared personally known to me (or proved to me with the	e basis of
	satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instruments acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(in the same in his/her/their authorized c	ies), and
	that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of v person(s) acted, executed the instrument. NO SALES DISA	vhich the
	WITNESS my hand and official seal. Approved by	CLOSURE NEEDED
	Belluda Med Blunda Metzger Approved Asses	
**	Signature of Notary NO SALES DISCLO	4-16-15 SURE NEEDED
	$\mathcal{O}(\mathcal{O})$	
	My Commission expires 4 4 Assessor	s Office

Payment Plan Request Form

Date Completed: 5-7-13			
Name: Learna RHedger Kieland Fitzgerald			
Mailing Address: 1160 Linda St. Hobact			
City, State: Hobert IN			
Parcel Number(s): 45-09-29-377-022. 900-018			
Contact Number: (219) 6252-5805 0(1219) 882-5842			

Payment plans are given as a courtesy by the Lake County Treasurer*			
Notification of approval will be made within 48 hours by telephone.			
Notification of denial will be made by mail within 5 business days.			
> Upon approvat, a down payment will be required. This down payment n	nav be		
made by cash, money order or cashier's checkrder!	, DC		
> Payment plans must be signed by the deeded owner in order to be valid			
This must be completed when the initial down payment is submitted.	•		
The length of the payment plan is at the discretion of the Lake County	,		
Treasurer's Office, normally 6 months, but cannot exceed 12 months, a			
required by Indiana Code 6-1.1-24-1.2d.	0.10		
➤ Failure to satisfactorily complete all of the terms of a payment plan will of	ause		
the property to be re-activated for tax sale (if eligible) and will prevent any			
future payment plans from being issued.	• •		
 Additional penalties and tax may accrue during the term of a payment p 	lan		
These charges are the sole responsibility of the payment plan holder ar			
be due immediately after the completion of the payment plan agreemen			
County Treasurer's office use Only	ί.		
county freasure: 5 office use offiy			
Previous Payment Plan(s): Balance Due =			
()			
ir yes, when			
Approved/Denied: Monthly payments=			
Payment plan MUST be executed by this date:			

