

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 024511

2015 APR 23 PM 12:41

MICHAEL B. BRODY  
RECORDER

Mail Tax Bills to:  
7490 EAST 103<sup>RD</sup> AVENUE  
CROWN POINT, IN 46307

PARCEL NO. 45-17-05-202-019.000-047

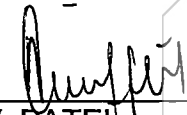
### QUITCLAIM DEED

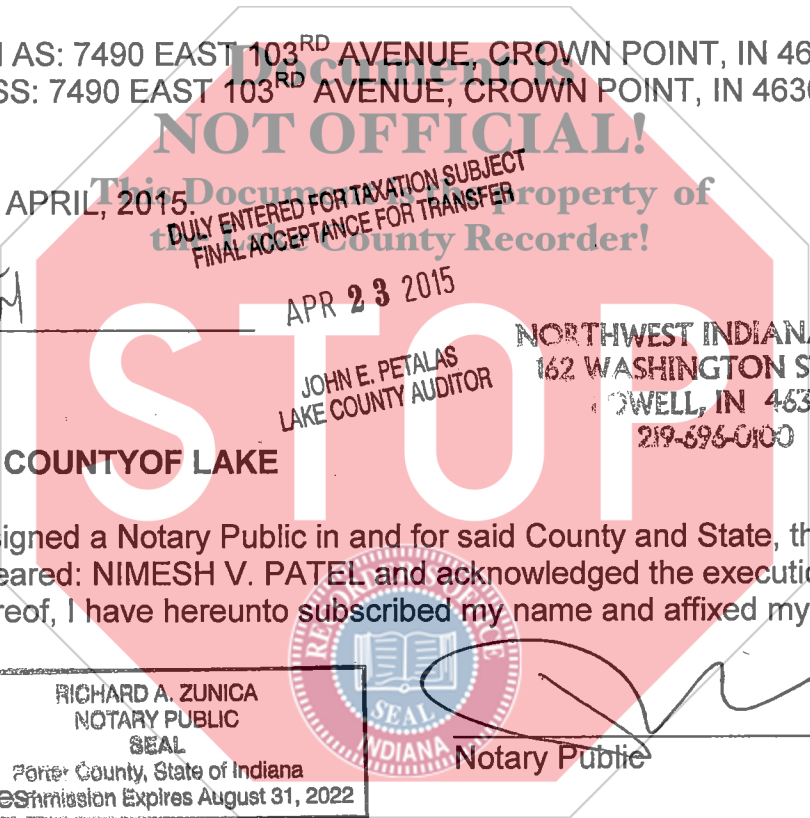
**THIS INDENTURE WITNESSETH, that NIMESH V. PATEL** , GRANTOR(S) of LAKE County in the State of INDIANA QUITCLAIM(S) to **NIMESH V. PATEL AND SWETA N. PATEL, husband and wife**, GRANTEE(S) of Lake County in the State of Indiana in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

LOT 259 IN DOUBLETREE LAKE ESTATES WEST, PHASE SIX, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 99 PAGE 40 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 7490 EAST 103<sup>RD</sup> AVENUE, CROWN POINT, IN 46307  
GRANTEE'S ADDRESS: 7490 EAST 103<sup>RD</sup> AVENUE, CROWN POINT, IN 46307

Dated this 17<sup>TH</sup> day of APRIL, 2015.

  
\_\_\_\_\_  
NIMESH V. PATEL

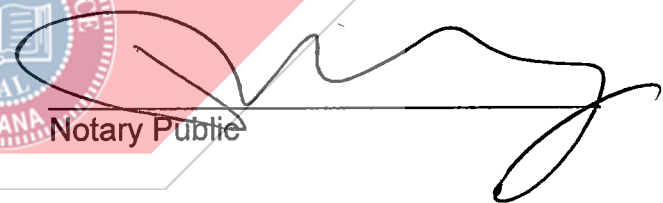


STATE OF INDIANA, COUNTY OF LAKE

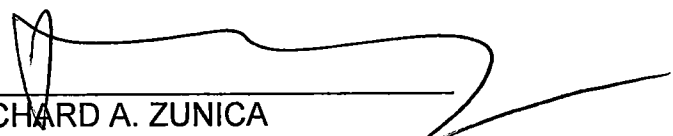
Before me, the undersigned a Notary Public in and for said County and State, this 17<sup>TH</sup> day of APRIL, 2015, personally appeared: NIMESH V. PATEL and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

RICHARD A. ZUNICA  
NOTARY PUBLIC  
SEAL  
Porter County, State of Indiana  
My Commission Expires August 31, 2022

My Commission Expires  
Resident of:

  
\_\_\_\_\_  
Notary Public

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.

  
\_\_\_\_\_  
RICHARD A. ZUNICA

This Instrument prepared by: RICHARD A. ZUNICA, Attorney at Law, 162 Washington Street, Lowell, In 46356

File No. 15-21309/ NO CONSIDERATION

011709

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: 

AMOUNT \$ 14-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 2029  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK 