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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 068222

2015 OCT -5 AM 11:25

MICHAEL B. BROWN
RECORDER

Recording requested by: _____ Space above reserved for use by Recorder's Office

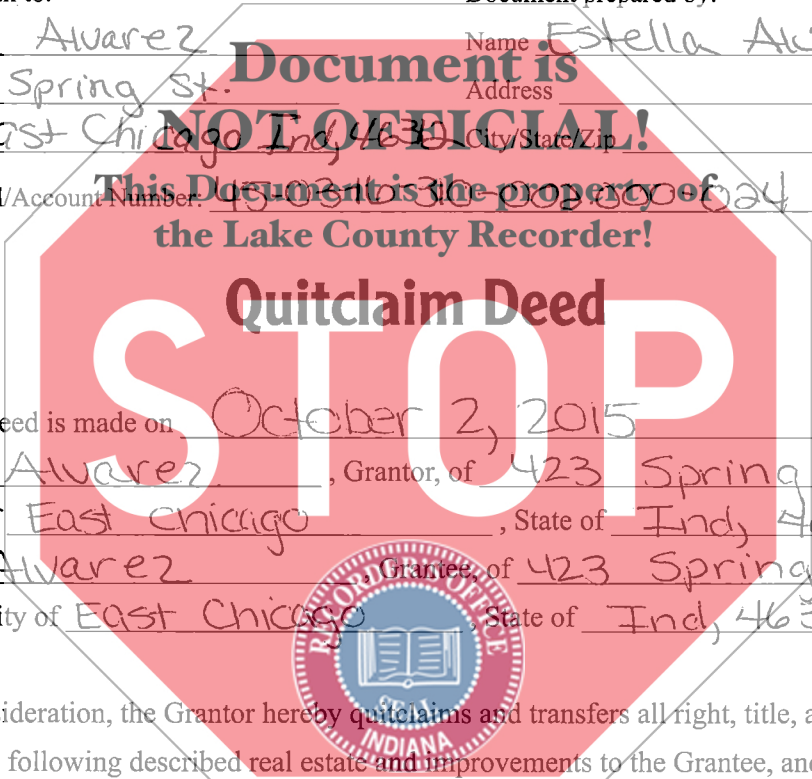
When recorded, mail to: _____ Document prepared by: _____

Name: Estella Alvarez Name: Estella Alvarez

Address: 423 Spring St. Address: _____

City/State/Zip: East Chicago Ind, 46312 City/State/Zip: _____

Property Tax Parcel/Account Number: 45-03-030-000024



This Quitclaim Deed is made on October 2, 2015, between

Estella Alvarez, Grantor, of 423 Spring St.

_____, City of East Chicago, State of Ind, 46312,

and Jose Alvarez, Grantee, of 423 Spring St.

_____, City of East Chicago, State of Ind, 46312.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 423 Spring St.

_____, City of East Chicago, State of Ind, 46312:

Mark Subdiv. L.45, East Chicago, IN

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 05 2015

Subject to all easements, rights of way, protective covenants, and mineral reservations of _____

Taxes for the tax year of 2015 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

NO SALES DISCLOSURE NEEDED

Quitclaim Deed Pg.1 (11-12)

Approved Assessor's Office

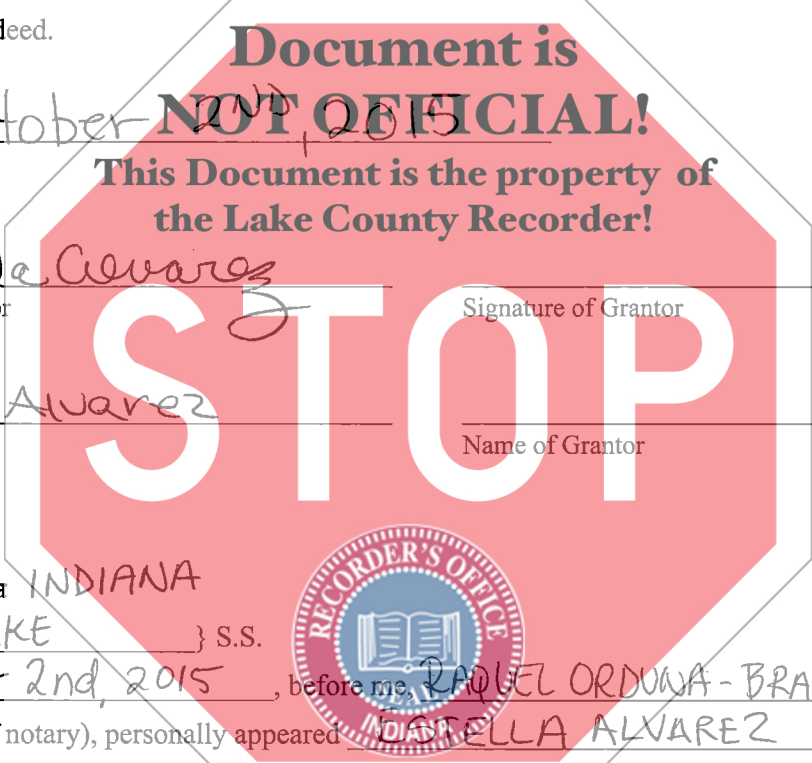
By: je

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Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2015 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: October 2nd, 2015



Estella Alvarez
Signature of Grantor

Signature of Grantor

Estella Alvarez
Name of Grantor

Name of Grantor

State of ~~California~~ INDIANA
County of LAKE } S.S.

On October 2nd, 2015, before me, RAQUEL ORDUNA - BRANCH MANAGER
(name and title of notary), personally appeared ESTELLA ALVAREZ,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Witness my hand and official seal.

R. Orduna
Notary Signature

RAQUEL ORDUNA
NOTARY PUBLIC
State of Indiana, Lake County
My Commission Expires June 29, 2019

"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: SA

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