

MAIL TAX BILLS TO:
Therese Maffitt
710 N. Hamilton Street
Gary, Indiana 46303
Grantee's Address Above

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072598

2015 OCT 27 PM 12: 31

MICHAEL B. BROWN
RECORDER

QUIT CLAIM DEED

This indenture witnesses that **THOMAS MAFFITT**, as owner of an undivided 1/16 interest in the following real estate, and **ROBERT MAFFITT**, as owner of an undivided 1/16 interest in the following real estate,

Release and quit claim to **THERESE MAFFITT**, of Lake County, State of Indiana.

For No Consideration, all their right, title and interest in the following Real Estate in Lake County, Indiana:

Lot Nine (9) in Block "A" in Gary Beach Subdivision, in the City of Gary as per plat thereof recorded in Plat Book 19, Page 24, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: **Lake County, Indiana**
Key No: 45-05-31-251-015.000-004

Subject To: all unpaid real estate taxes and assessments for 2014 payable in 2015, and for all real estate taxes and assessments for all subsequent years.

Subject To: all easements, conditions, restrictions, covenants, limitations and building setback lines contained in prior instruments of record, and for all building and zoning ordinances.

Dated: Oct 7, 2015.

Thomas Maffitt
THOMAS MAFFITT



ROBERT MAFFITT

State of _____)
County of _____)

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office
By: _____

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 2015, personally appeared **THOMAS MAFFITT** and **ROBERT MAFFITT**, and acknowledged the execution of the foregoing deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 27 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

My commission expires:
County of Residence:

see attached
, Notary Public

Prepared by: **Kent A. Jeffers, Attorney at Law**, 104 W. Oak Street, Crown Point, IN 46307. I affirm, under penalties of perjury, I look reasonable care to redact each Social Security number on this document, unless required by law.

04991
19.2015
3577

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On October 7, 2015 before me, Skylar Dorsett, notary public
Date Here Insert Name and Title of the Officer

personally appeared Thomas Maffitt
Name(s) of Signer(s)

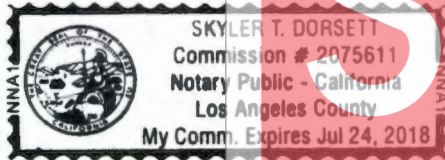
Document is NOT OFFICIAL!

who 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 and/or 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 under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Skylar Dorsett
Signature of Notary Public



Place Notary Seal Above

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed Document Date: 10/7/15
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____