Parcel No. 45-11-08-104-015.000-036

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, That Halina Groves (Widow) in her capacity as Successor Personal Representative of the Estate of Richard Patrick Groves, Deceased (Grantor) of Lake County, in the State of Indiana QUITCLAIM(S) TO Halina Groves individually, (Grantee) of Lake County, in the State of Indiana, for the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Lake County, State of Indiana:

	Briar Cove Sub Phase 1	N.70.17ft of	lot 80	\$ 17 0 CT
	real estate is commonly known as 824	. •	ne, Schererville, Indiana 46	5375. -
IN WITNESS WHE	EREOF, Grantor has executed this deed		day of October, 20	15.
Grantor: Signature	This Document is to the Lake Count	the prop Grantor: y Recor	der!	ves
Printed		Printed	HALINA GROVES, Suc	- /
	S		Representative of the Esta Groves (Deceased)	
	DULY ENTERED FOR TAXATION SUCJECTION FINAL ACCEPTANCE FOR TRANSPER		NO SALES BISOLO	ng (AE MEEDED
	OCT 28 2015		NO SALES DISCLO	SURE NEEDED
	JOHN E. PETALAS LAKE COUNTY AUDITOR		Approved Assessor By:	r's Office (9.9)
	Page 1	of 2	05006	Pot

STATE OF ILLINOIS COUNTY OF COOK)) SS:)	ACKNOWLEDO	GEMENT
Before me, a Notary Public in an Representative of the Estate of Richard Pa Deed, and who, having been duly sworn, s		owledged the execution of the	
Witness my hand and Notarial Seal this _	Z 2 nd day of October, 2015	5.	
My commission expires:	Signature	Afriff Cook Cook	, Notary Public
Return deed to: 824 Pentwater Lane, School School (1988) Send tax bills to: 824 Pentwater Lane, School (1988)	/	"OFFICIAL SEAL" AI-Haroon B Husain Notary Public, State of Illino My Commission Expires 7/7/2	
[If Grantee's tax billing address is not a This instrument was prepared by Willia 0201, Attorney at Law.	street address] Grantee's street at NOTOFFIC m Murakowski, 15 N. Northwest is Document is the p	TAI Highway, Park Ridge, Illino roperty of	
I affirm, under penalties of perjury, that I required by law. (Signature of Preparer)	the Lake County Rehave taken reasonable care to redace	Feach Social Security Number	er in this document, unless
1/1992711.2	STATE OF STA		