

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 000307

2016 JAN -5 AM 11:36

MICHAEL B. BROWN  
RECORDER

QUITCLAIM DEED

THIS INDENTURE WITNESSETH That Robert Stas and John Stas as to an undivided one-half interest ("Grantor") CONVEY AND QUITCLAIM to their father, Robert Stas, their undivided one-half interest in the following Real Estate in Lake County, Indiana, to-wit:

The South half of Lot 65 in Briar Cove Subdivision, Phase 2, in the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 80, in the Office of the Recorder of Lake County, Indiana.

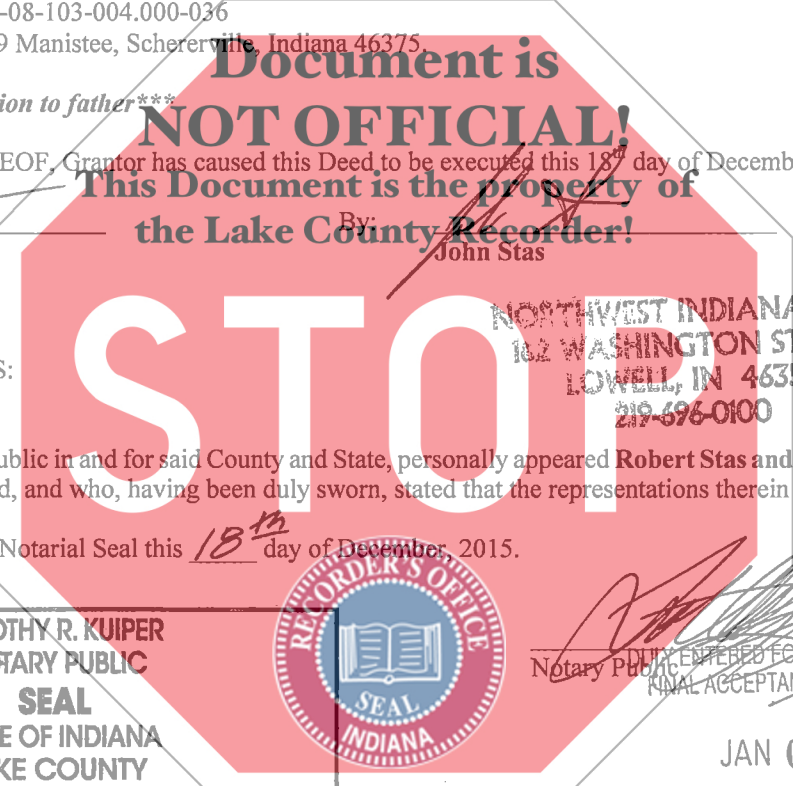
Parcel Number: 45-11-08-103-004.000-036  
Common Address: 819 Manistee, Schererville, Indiana 46375.

\*\*\*Transfer for no consideration to father\*\*\*

IN WITNESS WHEREOF, Grantor has caused this Deed to be executed this 18<sup>th</sup> day of December, 2015.

By: Robert Stas  
Robert Stas

By: John Stas  
John Stas



STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Robert Stas and John Stas, and acknowledged execution of the foregoing Deed, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 18<sup>th</sup> day of December, 2015.

TIMOTHY R. KUIPER  
NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXPIRES MAY 21, 2019



John E. Petalas  
Notary Public  
DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JAN 05 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

Return document and Mail tax bills to: 819 Manistee, Schererville, Indiana 46375

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Timothy R. Kuiper, AUSTGEN KUIPER JASAITIS P.C., 130 N. Main Street, Crown Point, Indiana 46307.

000021

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: JB

AMOUNT \$ 16.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 2589  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK M-2