

2016 048956

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG -2 AM 10:45

MICHAEL B. BROWN
RECORDER

Mail Tax Bills to:
4088 WESTOVER DR.
CROWN POINT,, IN 46307

Parcel No.: 45-17-09-328-002.000-044
and 45-17-09-328-001.000-044

QUITCLAIM DEED

DINA C. RIFFETT FKA

THIS INDENTURE WITNESSETH, that DINA C. PIERCE FORMERLY KNOWN AS DINA C. MCCORKLE, GRANTOR(S) of LAKE County in the State of INDIANA QUITCLAIM(S) to HENRIETT DEMETRAKIS, 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:

LOTS 474 AND 475 IN LAKES OF THE FOUR SEASONS, UNIT 10, AS SHOWN IN PLAT BOOK 39, PAGE 11, IN LAKE COUNTY, INDIANA.

Commonly known as: 4088 WESTOVER DR., CROWN POINT,, IN 46307
Grantees address: 4088 WESTOVER DR., CROWN POINT,, IN 46307

Dated this 25th day of July, 2016.

*DINA C. RIFFETT FKA

Dina C. Riffett

* DINA C. PIERCE FORMERLY KNOWN AS DINA C. MCCORKLE

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:

*DINA C. RIFFETT FKA

Before me, the undersigned a Notary Public in and for said County and State, this 25th day of July, 2016, personally appeared DINA C. PIERCE FORMERLY KNOWN AS DINA C. MCCORKLE, and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.



Notary Public

My Commission Expires:
Resident of _____ County

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

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 Zunica

This Instrument prepared by: Attorney Richard A. Zunica, 162 Washington Street, Lowell, IN 46356, File No.16-22235/rl

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

AUG 01 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

24888 B

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

16-3047
[Signature]