

Prepared By

Name: Stacey J Williams Scales  
Address: 1525 East 36th Place  
Gary  
State: IN Zip Code: 46409

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 JAN 11 PM 3:25

MICHAEL B. BROWN  
RECORDER

After Recording Return To

Name: Dorothy L Williams  
Address: 1525 East 36th Place  
Gary  
State: IN Zip Code: 46409

Document is  
NOT OFFICIAL!

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the Lake County Recorder!

DULY ENTERED FOR TAXATION SUBJECT  
TO ACCEPTANCE FOR TRANSFER  
Recorder's Use

JAN 11 2017  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA  
Lake COUNTY

STOP

020258

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of

zero (\$ 0.00) in hand paid to the undersigned hereby conveys and forever relinquishes to Dorothy L. Williams and Stacey Williams-Scales a Grantor, residing at 1525 East 36th Place Lake County of Indiana City of Gary State of Indiana (hereinafter

known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Lake County, Indiana, to-wit:

add A Grantor, Stacey J Williams-Scales to the property  
Parcel 45-08-22-090-003.000-004 / South Gary Sub. W 11F. L.4 BL.17  
all lots 546 BL.17E 1F L7 BL.17

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

Guarantor to add:  
STACEY J Williams-Scales  
1525 E 36th P)  
Gary, IN 46409

Existing Property owner / Guarantor  
Dorothy L. Williams  
1525 E 36th Place  
Gary IN 46409

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NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By:

18.  
CASH  
m

Dorothy L. Williams  
Grantor's Signature

\_\_\_\_\_  
Grantor's Signature

Dorothy L. Williams  
Grantor's Name

\_\_\_\_\_  
Grantor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

STATE OF INDIANA)

COUNTY OF LAKE

**Document is NOT OFFICIAL!**

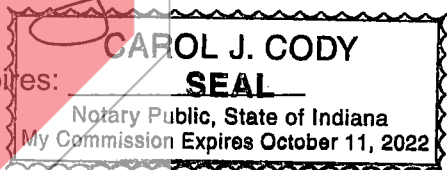
I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that DOROTHY L. WILLIAMS whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 11 day of JANUARY, 2017.

Carol J. Cody  
Notary Public



My Commission Expires:



"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: [Signature]