9

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 011368

2017FE8 23 PM 1: 10

MICHAEL B. BROWN RECORDER

Mail tax bills to: 226 S. Broad ST Buttith, IN 46319

QUIT CLAIM DEED	
THIS INDENTURE WITNESSETH, That Abby Rios and Fernite las, GI	RANTOR OF Lake
County in the State of Indiana OUITCLAIMS to Brad E. Pull GR.	ANTEE of Lake
County in the State of Indiana in consideration of Ten Dollars and other good and valuable con and sufficiency of which are hereby acknowledged, the following described real estate in Lak	nsideration, the receipt
of Indiana;	County, in the State
Lord Description (Title D	_
Part of the North West war to the property of	Quarter of
Section 2 Township 33kg/orth manage queest of the Meridian Leina the North 25 feet of the East 125	and frincipal
described real estate: Beginning 165 feet North and 20	
Key# 26 - 2 - 40	
	2/9
2017 :- 2	
Dated this Dave day of February, 2005.	
41/5	
Jennifer Ries Grantor LINERS	Grantor W
COUNTY OF LAKE, STATE OF INDIANA SS. DUEYENTERED FOR TAXATION S.	Ø3 1—1 L
	Approved Assessor's Office
20 personally appeared FEB 2 3 2017	5 5
and acknowledged the execution of the foregoing deed. In witness whereof subscribed my name and affixed my official seal.	f, I have hereunto S S
LAKE COUNTY AUDITOR	<u> </u>
My commission expires: Signature: Printed:	Notary Public Q 9
Mail To: OO1018 Prepared By: Brad E. Pur	S S S
Brad A. Hyne 6397 Vermont St.	SAL SAL
Merrikville, IN 46410 Merrikville, IN	(6410 0 pd 2
Legal Description Continued;	
Legal Description Community	Hand Last 10
of the Southeast corner of said Quarter Section.	; thence west co
264 feet to a point; thence North 165 feet; To	kence tasp 129.5
Got, thonco Couth 82 feet: thence East 134.5 fee	t more or ress
is a point due North of the place of beginning.	Thence South
to a point due North of the place of beginning, of the place of beginning, in the Town of Griffit	1 lake County Indiano
o the place of beginning, in the souls. S. S. Ill	7, 2000000000000000000000000000000000000

INDIVIDUAL ACRIOWLEDGINEN I	=A=A=A=A=A=A=A=A=A=A=A=A=A=A=A=A=A=A=A
	35/CX/CX/CX/CX/CX/CX/CX/CX/CX/CX/CX/CX/CX/
State/Commonwealth of Lidiana	. 1
State/Commonwealth of	
County of Lake	SS.
County of)
Ω 1 T	
On this the 22rd day of Febr	nary, 2017, before me,
/ Day	Month Year
Kisto Wikoloshi	the undersigned Notary Public,
Name of Notery Public	, the undersigned rectary rubble,
78.44	120-
personally appeared	ument 18
/2/C/T/C	Name(s) of Signer(s)
NOTO	DEFICIALLY \
	personally known to me -OR -
"I AFFIRM, UNDER THE PENAMES FORUME	ent is the property of proved to the on the basis of satisfactory
PERJURY IMAI I BAVE TAKEN REASONS 1	Countavidement der!
ADEL CARE TO TESPACE EACH SOCIAL	
SECURITY NUMBER IN THIS DOCUMENT,	to be the person(s) whose name(s) is/are subscribed
UNLESS REQUIRED BY LAW?	to the within instrument, and acknowledged to
PREPARED BY: Brad Py 118	me that he/she/they executed the same for the
	purposes therein stated.
	WITNESS my hand and official seal.
RISTO NIKOLOSKI	Signature of Notary Public
Notary Public - State of Indiana	
Lake County	
My Commission Expires Feb 3, 2024	
	SEAL
Į.	Any Other Required Information
Place Notary Seal/Stamp Above	(Printed Name of Notary, Expiration Date, etc.)
riade ivolary dearrolamp Above	(i finited transe of trotary, Expiration Date, etc.)
	ODTIONAL TOTAL
	OPTIONAL
This section is required for notarizations perfor	med in Arizona but is optional in other states. Completing this
information can deter alteration of the document of	r fraudulent reattachment of this form to an unintended document.
Description of Attached Document	_
Quit CI	$\Delta = \sqrt{\alpha_0}$
Title or Type of Document:	in lead
2/22/17	· /
Document Date: 40477	Number of Pages:/
O: () O!! T! N!	
Signer(s) Other Than Named Above:	
	ZYCK\$ZYZYCYZYZYZYZYZYZYZYZYZYYZYZYZYYZYYZYYZY
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INDIVIDUAL ACKNOWLEDGMENT	
State/Commonwealth of I// Nois ss.	
County of	
On this the 23 ²¹ day of February,	2017 , before me,
Day Month	Year
Name of Notary Public ,	_, the undersigned Notary Public,
personally appeared Abby KIDS	
Docum Marre (5) of Signe	itel
NOT OF FOUNDATION	vn to me – OR –
This Document is the proper	n the pasis of satisfactory
OFFICIAL SEAL AMANDA BROWN Notary Public My Commission Expires Mar 19, 2017 Signature of Illinois Signature o	whose name(s) is/are subscribed trument, and acknowledged to me executed the same for the purposes and and official seal. Other Required Information ne of Notary, Expiration Date, etc.)
	,
INFORMATION IN AREAS 1-4 REQUIRED IN ARIZONA. OPT. Description of Any Attached Document 1 Title or Type of Document: Quit Claim Deed	TIONAL IN OTHER STATES.
2 Document Date: 2/22/17 3 Number of F	Panes.
4 Signer(s) Other Than Named Above:	
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