

2017 019620

Mail tax bills to: CORNERSTONE ALPHA ESTATES LLC
1618 Homan Dr.
Schererville, IN 46375

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 MAR 27 PM 2:39

MICHAEL B. BROWN
RECORDER

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH, that **CORNERSTONE HOME ESTATES, LLC** a Limited Liability Company organized and existing under the laws of the State of Indiana ("**Grantor**") QUITCLAIM(s) all of its right and interest in the real estate described below to **CORNERSTONE ALPHA ESTATES LLC** a Limited Liability Company organized and existing under the laws of the State of Indiana ("**Grantee**") in consideration of TEN DOLLARS 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:

LOT 2 IN BLOCK "C", TOGETHER WITH A 5 FOOT STRIP ON THE WESTERLY SIDE OF LOT 3 AND CONTIGUOUS TO LOT 2 IN BLOCK "C" IN PARKLAND TERRACE, HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 24, PAGE 18, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Key No.: 45-07-04-451-012-000-023
Commonly known as: 2838 Kenwood Street, Hammond, IN 46323

The undersigned person(s) executing this deed on behalf of the Limited Liability Company represents and certify that they are a current member/manager of said Limited Liability Company and have been fully empowered by a proper meeting and vote of the Limited Liability Company members to execute and deliver this deed.

IN WITNESS WHEREOF, the Grantor has executed this deed this 21st day of March, 2017

[Signature]
CORNERSTONE HOME ESTATES, LLC
By: Marcus Arnold, Manager

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



MAR 27 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

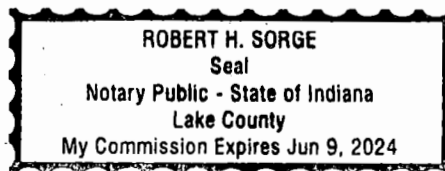
Before me, a Notary Public in and for said County and State personally appeared **Marcus Arnold** manager of **CORNERSTONE HOME ESTATES, LLC**, who acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Sworn to and subscribed before me this 21st day of March 2017.
My Commission Expires: 06/09/24
Resident of Lake County, Indiana

[Signature]
Robert H. Sorge, NOTARY PUBLIC

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]*



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160-9737

This Document Prepared By: Robert H. Sorge, 6243 Hohman Avenue, Hammond, IN 46324 Att. No. 17775-45.

Approved Assessor's Office

By: _____