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2017 019816

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 MAR 28 PH 1: 11

MICHAEL B. BROWN RECORDER

QUITCLAIM DEED

	ocument is	
OUTCLATMORPD), Executed this Color	
COLLCTAINT	, contours of a	I

day of March

2017 (year), This Document is the property of	
by first party, Grantor, the Lake County Becorder!	E IN CHIREST INC.
whose post office address is 2134 W 57th AVE GARY IN 40	du
to second party, Grantee, Leonard Grimki	
whose post office address is 578 Broadway #519	٠
Cheny Though - 46402	

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim, which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of

LAKE, State of INDIANA

THIS

to wit:

PARCEL NUMBER 45-08-34-101-017,000-004

NO SALES DISGLOSURE NEEDED

Approved Assessor's Office

[Signatures on following page.]

BROWNAY RLTY. & MY. COS. ADD. ALL L.3 BL.4 ALL LA BLA BETTER KNOWN AS \$18 4510 MASSACHUSETTS ST.

DULY ENTERED FOR TAXATION SUBJECTION A GACON FINAL ACCEPTANCE FOR TRANSFER

MAR 28 2017

Initials of First Party

JOHN E. PETALAS
-77 RE COUNTY AUDITOR

022335

IN WITNESS WHEREOF, The said first party h	nas signed and sealed these presents the day
and year first above written. Signed, sealed and deliver a signature of Witness Li/liand Speight Print name of Witness	vered in presence of: 6PEN CHURCH OF GODIN CHRIST IN FROM FOLD & CHOULK Signature of First Party, Grantor OPEN DOOK CHURCH OF COUT REFUSE IN CHRIST INC. Print name of First Party Asior, PROS.
Signature of Witness	Signature of First Party, Grantor
Documer	nt is
	Print hame of First Party
This Document is the STATE OF The Lake County of the Lake County of COUNTY O	e property of Recorder! , e basis of satisfactory evidence) to be the thin instrument and acknowledged to me that orized capacity(ies), and that by his/her/their
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW" PREPARED BY:	Signature of Preparer
D 0 . 6	20

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