



Ms. Lorretta Baxter

(Grantee's Printed Name)

Signed in our presence:

(Witness #1 Signature)

(Witness #2 Signature)

(FIRST WITNESS NAME TYPED)

(SECOND WITNESS NAME TYPED)

Grantee's Address:

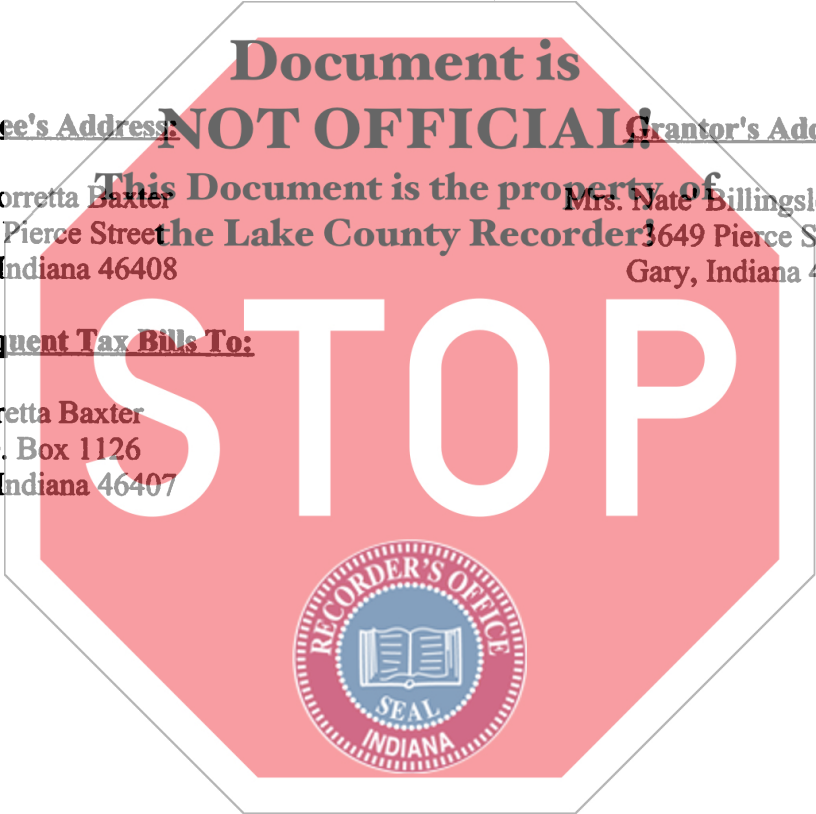
Ms. Lorretta Baxter  
3649 Pierce Street  
Gary, Indiana 46408

Grantor's Address:

Mrs. Nate Billingsley-Walton  
3649 Pierce Street  
Gary, Indiana 46408

Mail Subsequent Tax Bills To:

Lorretta Baxter  
P.O. Box 1126  
Gary, Indiana 46407



STATE OF INDIANA

)  
)  
)

SS.

COUNTY OF LAKE

The foregoing Quit Claim Deed was acknowledged before me on 8/2/2017 by Mrs. Nate' Billingsley-Walton, who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

*Joyce Ann Goszewski*

(Signature of Notary)

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(Printed Notary Name) Lake, Indiana

JOYCE ANN GOSZEWSKI  
Notary Public - Seal  
State of Indiana  
Lake County  
My Commission Expires Dec 15, 2022

My Commission expires:

STOP

"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: *Nate' Billingsley-Walton*





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**STOP**

