

2017 059136

2017 AUG 31 PM 3:03

Please send all tax bills to:

Carlos Tolliver  
6620 Hemlock Avenue  
Gary, Indiana 46403

MICHAEL B. BROWN  
RECORDER  
PARCEL NO. 45-05-32-303-016.000-004

QUITCLAIM DEED

THIS INDENTURE WITNESSETH this Deed made between MYLES J. TOLLIVER, an individual ("Grantor"), and CARLOS TOLLIVER, an individual, of 6620 Hemlock Avenue, Gary, Indiana 46403 ("Grantee"). The Grantor, for the consideration of Ten Dollars and No Cents (\$10.00), the receipt of which is hereby acknowledged, does quitclaim, grant, bargain, sell, and convey to Grantee all of his interest in the following described real estate situated in Lake County, State of Indiana, to-wit:

LOTS 21 AND 22 IN BLOCK "B" GRAND BOULEVARD SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 13, IN LAKE COUNTY, INDIANA.

Commonly known as: 6620 Hemlock Avenue, Gary, Indiana 46403

In witness whereof, the said Grantor has hereunto set his hand and seal this 31<sup>st</sup> day of August, 2017.

GRANTOR:

Myles J. Tolliver  
MYLES J. TOLLIVER

STATE OF INDIANA )

) SS:

COUNTY OF LAKE )

I certify that MYLES J. TOLLIVER, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed and delivered the instrument as his free and voluntary act, for the uses and purposes set forth in the instrument.

Dated this 31<sup>st</sup> day of August, 2017.

Notary Signature: Angela D. Gauler

County of Residence: Lake

My commission expires: March 1, 2023



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.

[Signature]

This instrument prepared by:

Sophia J. Arshad, Esq.  
Arshad, Pangere and Warring LLP  
7899 Taft Street, Merrillville, IN, 46410  
(219) 736-6500

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

AUG 31 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

031480

SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: [Signature]

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