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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 MAY 20 AM 10:43

MICHAEL B. BROWN  
RECORDER

**Prepared By**

Name: MARTIN PERCAK  
Address: 6523 MADISON AVE.  
HAMMOND  
State: INDIANA Zip Code: 46324

2019 029815

**After Recording Return To**

Name: MARTIN PERCAK  
Address: 6523 MADISON AVE.  
HAMMOND  
State: INDIANA Zip Code: 46324

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INDIANA QUIT CLAIM DEED

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

MAY 20 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF INDIANA

LAKE

COUNTY

STOP

24342

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of ONE DOLLAR (\$ 1.00) in hand paid to

PATRICIA A. THOMPSON a INDIVIDUAL, residing at 8784 JEFFERSON AVE.

County of LAKE, City of MUNSTER, State of INDIANA

(hereinafter known as the "Grantor(s)") hereby quitclaims to MARTIN PERCAK,  
a INDIVIDUAL, residing at 6523 MADISON AVE., County of LAKE,  
City of HAMMOND, State of INDIANA (hereinafter known as the

"Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in LAKE County, Indiana to-wit:

LOTS 48 AND 49 IN BLOCK 2 IN MADISON TERRACE, IN THE CITY OF HAMMOND,  
AS SHOWN IN PLAT BOOK 15, PAGE 8, IN LAKE COUNTY INDIANA, COMMONLY KNOWN AS  
6523 MADISON AVE. HAMMOND INDIANA 46324. PARCEL NO. : 45-06-12-228-009.000-023.

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

NO SALES DISCLOSURE NEEDED



Approved Assessor's Office

By: [Signature]

\$ 25.00  
cash  
[Signature]

Patricia A Thompson  
Grantor's Signature  
PATRICIA A THOMPSON  
Grantor's Name  
8784 JEFFERSON AVE.  
Address  
MUNSTER IN 46321  
City, State & Zip

\_\_\_\_\_  
Grantor's Signature  
\_\_\_\_\_  
Grantor's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip

STATE OF INDIANA)

COUNTY OF LAKE

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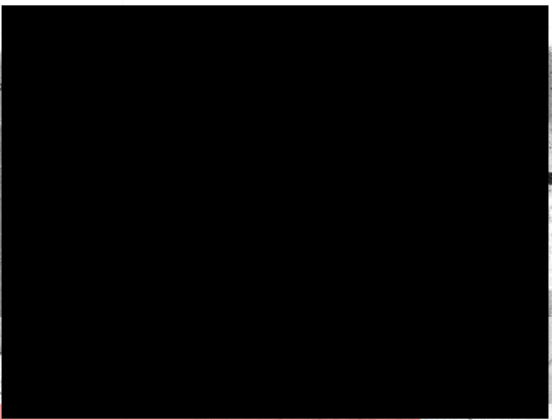
I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Patricia A. Thompson whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 20<sup>th</sup> day of May, 2019.



Marisol Delacruz  
Notary Public  
My Commission Expires: 9/23/2023

"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."  
PREPARED BY: AP



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the Lake County Recorder!**

**STOP**

