2020-044421

2020 Jul 15

8:41 AM

TATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

MAIL TAX BILLS TO:

TAX KEY NO. 45-16-19-404-002.000-042

AND GRANTEES ADDRESS:

Dennis G. Nowaczyk, Jr. & Amy K. Nowaczyk, Trustees

1935 South Feather Rock Drive Crown Point, Indiana 46307

ADDRESS OF REAL ESTATE: 1935 South Feather Rock Drive

Crown Point, Indiana 46307

QUIT CLAIM DEED

This Indenture Witnesseth That:

Dennis G. Nowaczyk, Jr. and Amy K. Nowaczyk, Individually, each of them as to their life estates, respectively

Releases and Quit Claims to:

Dennis G. Nowaczyk, Jr. and Any K. Nowaczyk as Trustees, under the provisions of the Nowaczyk Living Trust, dated July

for and in consideration of other good and valuable consideration, the receipt whereof is hereby acknowledge al Estate in Lake County, Indiana, tothe Lake County Betarder + 1

Lot 86 in Feather Rock Phase 1, in the City of Crown Point, as per plat thereof, recorded in Plat Book 96 Page 36, in the Office of the Recorder of Lake County, Indiana.

Dated: June

Dennis G. Nowaczyk, Jr.

DUCY EMTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

QU-19055 JUL 08 2020

HOLD FOR MERIDIAN TITLE CORUNTY AUDITOR

By: Disclosur

STATE OF INDIANA)	
)	SS
COUNTY OF LAKE)	

I am a Notary Public in and for said County and State, and do hereby certify that Dennis G. Nowaczyk, Jr. and Amy K. Nowaczyk, Husband and Wife, personally known to be the same persons whose names subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the instrument as their free and voluntary act, for the uses and purposes set forth therein.

GIVEN under my hand and Notarial Seal on <u>U/25</u>



Uncla M Kollis Notary Public

2020.

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 1

Cori A. Mathis the Lake County Recorder!

Document Prepared By: Cori A. Mathis, Attorney at Law, 1806 Robinhood Blvd, Suite A, Schererville, IN 46375, (219) 865-2285

CERTIFICATE OF PROOF

withess to the signature(s) on the foreg	going instrument to which this Proof is attached:
Witness Signature Witness Name (must be typed / printed)	
DD 000	
PROOF:	
STATE OF INDIANA)	
county of Luko)	
known or proved to me to be the perso instrument, who, being duly sworn by	said County and State, personally appeared ed WITNESS to the foregoing instrument, who, being whose name is subscribed as a witness to the foregoing me, deposes and says that the foregoing instrument was Name of person signing document) in the cenent is the property of
Witness my hand and Notarial scal thi	ke County Recorded 2020.
My Commission expires:	Signature:
	Printed: Parta Barrich
	Resident of County, Indiana
	PAULA SEPRENCE OF INDIANA INTERNATIONAL PROPERTY OF INDIANA INTERNATIONAL
and the second s	