2020-044484

2020 Jul 15

9:21 AM

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

Mail Tax Bills To: 445 N. Knox St., Gary, IN 46403

QUIT-CLAIM DEED

Parcel No.: 45-08-08-434-005.000-004

This indenture witnesseth that ROY C. NUNN, HERMON NUNN, BILLY D. NUNN and VALLA R. JOHNSON, TENANTS IN COMMON, of LAKE County in and Quit Claims to ROY C. NUNN, of the State of Indiana, in consideration of County in the St One Dollar (\$1.0%) N consideration, the receipt whereof is hereby acknowledged, the following Real Estate County Thish osument is the property of

the Lake County Recorder!

Central Park Addition, Lot 41, Block 1, South 5 feet of Lot 42, Block 1, more commonly known as 1719 Hayes Street, Gary, IN 46404.

, 2020. Dated this day MON NUNN

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this Mday of ______, 2020, personally appeared ROY C. NUNN and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

ANTOINETTE KRUPA Notary Public, State of Indiana Lake County Commission # 693508 Commission Expires
My Commission Expires
January 19 D2025 TER D FOR TAXATION SUBJECT SEAL

ANTOINETTE KRUPA, NOTARY My Commission Expires 01/19/2025 Resident of Lake County

Commission No.: 693508

TO FINAL ACCEPTANCE FOR TRANSFER

JUL 15 2020

024031

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA)) SS:
COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this 22 day of
STATE OF CALIFORNIA Dosument is
COUNTY OF NOT OFFICIAL!
Before me, the undersigned, a Notary Public in and for said County and State, this day of County and State, the County and S
NOTARY PRINTED NAME My Commission Expires: Resident of County Commission No.: County
STATE OF INDIANA) SS:
COUNTY OF LAKE)
Before me, the undersigned, a Notary Public in and for said County and State, this day of
CANADA MAY 22, 2025

ROY C. NUNN

GRANTEES' NAME: GRANTEES' ADDRESS: 1719 HAYES ST., GARY, IN 46404

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. Joseph S. Irak

NO LEGAL OPINION HAS BEEN RENDERED BY PREPARATION OF THIS DEED

This instrument prepared by ATTY. JOS. S. IRAK, 9219 Broadway, M'ville, IN 46410 Atty. I.D. #4851-45 (219) 769-4552

Mail to: 445 N. KNOX ST., GARY, IN 46403

<u>1.</u>

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California		
County of SACRAMENTO		
· · · · · · · · · · · · · · · · · · ·	WEERLET ROSS LOTHEY PUBLIC	
Date	Here Insert Name and Title of the Officer	
personally appeared 3. WN	N —	
porturning approved	arne(s) of Signer(s)	
Docu	ment is	
who proved to me on the basis of satisfactory evidence to the within instrument and acknowledged to me that authorized capacity(les), and that by his/her/their signal upon behalf of which the person(s) acted, executed the the Lake Co	he/she/they executed the same in his/her/their	
KIMBERLEY ROSS	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.	
Place Notary Seal and/or Stamp Above	eter diteration of the document or	
Description of Attached Document		
Title or Type of Document: QUIT- CLAUA DEE	D PARCEL NOW: 45-08-08-424-005.000-004	
Document Date: WHE 16th 200-0	Number of Pages:	
Signer(s) Other Than Named Above:		
Capacity(les) Claimed by Signer(s) Signer's Name:	Signer's Name:	
☐ Corporate Officer – Title(s):	□ Corperate Officer - Title(s):	
□ Partner - □ Limited □ General	☐ Partner — ☐ Limited ☐ General	
☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	
☐ Trustee ☐ Guardien or Conservator	□ Other:	
Signer is Representing:		

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Sacrawen to			
On 7/14/2020 before me,	Valy Thao, Notary Public, Here Insert Name and Title of the Officer		
personally appeared BIII Docum	nesotsiner(s)		
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument or der.			
NALY THAO Notary Public - California Sacramento County	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.		
Place Notary Seal and/or Stamp Above	Signature of Notary Public		
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.			
Title or Type of Document: QUIT CAIM DEED			
	Number of Pages:		
Signer(s) Other Than Named Above:			
Capacity(ies) Claimed by Signer(s) Signer's Name: □ Corporate Officer – Title(s): □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:	Signer's Name: □ Corporate Officer – Title(s): □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:		
Signer is Representing:	Signer is Representing:		

