## QUIT CLAIM DEED

THIS INDENTURE WITNESSETH, That BOARD OF COUNTY COMMISSIONERS OF LAKE COUNTY, INDIANA

RELEASES AND QUIT CLAIMS

ha KIW

To RAY J. WILSON for and in consideration of the sum of Three Hundred Ten Dollars (\$310.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, the following Real

Estate in Lake County, in the State of Indiana, to-wit:

Ten feet of parallel lines off the entire West side of the following described Tract to-wit: A part of the Southeast Quarter of the Southeast Quarter of Section 20, Township 34 North, Range 9 West of the 2nd P.M. Commencing at a point of 495 feet North and 387 feet West of the Southeast corner of said Southeast Quarter of said Section 20, running thence North 195 feet, thence West 567.15 feet, thence South 195 feet, thence Bast 567.15 feet to the place of beginning, in Lake County, Indiana.

the Lake County Recorder!

Parcel No: 45-15-20-480-004.000-014

Commonly Known As: 132<sup>nd</sup> Avenue, Cedar Lake, IN 46303

Subject to all liens, encumbrances, easements, taxes and restrictions of record.

MAILING ADDRESS: The mailing address to which statements should be mailed under

IC 6-1.1-22-8.1 is the following:

Ray J. Wilson

Street: 11317 W. 132

City: Cedar Lake

State and ZIP: IN, 46303

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

SEP 14 2020

The mailing address of the grantee is as fo

Ray J. Wilson

Street: 11317 W. 132nd

City: Cedar Lake

State and ZIP: IN, 46303

JOHN E. PETALAS LAKE COUNTY AUDITOR

IN WITNESS WHEREOF, LAKE COUNTY, INDIANA BOARD OF

COMMISSIONERS has set his hand and seal this 10th day of where, 2020.

Michael C. Repay, President

Jerry Tippy, Commissioner

Kyle W. Allen, Sr., Commissioner

\$ 2500

2020 Sep 14

3:02 PM

2020-063790

A 6158

to

STATE OF INDIANA	)			
COUNTY OF LAKE	)SS: )			
Before me, Huy M. Repay, Commissioner Ky the foregoing or attached Witness my hand and sea	rle W. Allen, Sr., and deed as their voluntal this OHA	I Commissioner Jerry T ary act for the purposes day ofday ofday	stated therein.	Michael C. the execution of
Notary Public's Signature Notary Public's Printed N My Commission Number My County of Residence My Commission Expires	Name Hilly M. Ale is: 141486 commission is Lake	izard	STACY M Notary Pu State of My Commission Ex	blic- Seal Indiana
STATE OF INDIANA		cument is		
COUNTY OF LAKE		OFFICIA	TT:	
Witness's Signature Witness's Printed Name Before me, a Notary Pub	lic in and for said Cog known to me to be to, being duly sworn y Michael C. Repay d subscribing witness tion described in the ty that is the subject all this	the person whose name by me, deposes and say Commissions Kyle W s.s. presence, and that the foregoing instrument ar	ally appeared Markets is subscribed as a ways that the foregoing and Allen, Sr., and Conne abovenamed subsend will not receive an	instrument was norissioner Jerry cribing witness is
Notary Public's Signature Notary Public's Printed My Commission Number My County of Residence My Commission Expires I swear and affirm under Security Number in this of	Name Macy M. Haz r is: 641486 /commission is Lak 1/23/2021 the penalties of perju	eury that I have taken rea	My Commission E	HAZARD  ublic- Seal I Indiana  xpires Jan 23, 2021  ct each Social
JOHN S. DULL #4628-0 PO Box 14058 Merrillville, IN 4641)1	45			



## OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

MICHAEL B. BROWN

Recorder



PHONE (219) 755-3730 FAX (219) 755-3257

## **DISCLAIMER**

This document has been recorded as presented.

It may not meet with State of Indiana Recordation requirements.

•	STAINED DOCUMEN PATURNET OF RECORDING OF
	the Lake County Recorder!
2.	RIPPED OR TORN DOCUMENT AT TIME OF RECORDING
3.	PAGE(S) MISSING AT TIME OF RECORDING
4.	ATTACHMENTS MISSING AT TIME OF RECORDING
5.	DOCUMENT TOO LIGHT AT TIME OF RECORDING
6.	DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
7.	DOCUMENT TORN DURING PROCESS OF RECORDING
8.	DOCUMENT STAINED DURING PROCESS OF RECORDING
9.	CUSTOMER INSISTING DOCUMENT BE RECORDED XX
10.	DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE
	REQUIREMENTS XX
Cl	USTOMER INITIALS: ADD DATE: 9 1 14 7 20
EN	1PLOYEE INITIALS: 473 DATE: 9 1 14 1 2020