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GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2021-012998

9:28 AM 2021 Feb 9

Mail Tax Bills to: 10705 MILLARD DR SAINT JOHN, IN 46373 Parcel No. 45-15-05-352-001 000-015

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that MICHAEL S. WOODS, GRANTOR(S) of LAKE County in the State of INDIANA QUITCLAIM(S) to MICHAEL S. WOODS and LISA WOODS, husband and wife, GRANTEE(S) of LAKE County in the State of INDIANA in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of INDIANA:

LOT 79. IN WHITE OAK MANOR 4TH ADDITION, UNIT 1, TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 86 PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 10705 MILLARD DR., SAINT JOHN, IN 46373.

25963

Grantees address: 10705 MILLARD DR., SAINT JOHN, IN 46373

NORTHWEST INDIANA TITLE 162 WASHINGTON STREET LOWELL, IN 46356 219-696-0100

IN WITNESS WHEREOF, Grantor has executed this deed this 02/01/21.

MICHAELS WOODS

No Consideration

Pecorder

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STATE OF INDIANA) SS:	
Before me, a Notary Public in and for said County a WOODS who acknowledged the execution of the fo	and State, personally appeared MICHAEL S. oregoing instrument.
Witness my hand and Notarial Seal this 02/01/21.	ile his
My commission expires: County of Residence: (SEAL)	[Notary Public's Signature] [Notary Public's' Printed Name]
EXECUTED AND DELIVERED in my presence: [Witness' Signature]	DEBRA LEWIS Commission Number 657175 Wy Commission Explase 68 21 22 County of Residence Lake County
Witness:	2 Per
STATE OF INDIANA)) SS: COUNTY OF LAKE)	COPOR

NOT AN OFFICIAL DOCUMENT

Before me, a Notary Public in and for said County and State, personally appeared
My commission expires: County of Residence: (SEAL) [Notary Public's Signature] [Notary Public's 'Signature] [Notary Public's' Printed Name] Laffirm under the penalties for perjury that I have [aken reasonable care to redact each social security number in this document unless required by law. This Instrument prepared by. Attorney Richard A Zunica, 162 Washington Street, Lowell. In 46356, File No. 20-25963 Commission Experies (ST175)
My commission expires: County of Residence: (SEAL) [Notary Public's Signature] [Notary Public's 'Signature] [Notary Public's' Printed Name] Laffirm under the penalties for perjury that I have [aken reasonable care to redact each social security number in this document unless required by law. This Instrument prepared by. Attorney Richard A Zunica, 162 Washington Street, Lowell. In 46356, File No. 20-25963 Commission Experies (ST175)
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unless required by law. RICHARD A. ZUNICA This Instrument prepared by: Attorney Richard A. Zunica, 162 Washington Street, Lowell, In 46356, File No. 20-25963 DESRALEWIS Operation Expenses Reprinted Reprints 457175 SCAL J. Vy Commission Expenses Reprints County of Residence Lake County
DEBRALEWIS Commission Express 6921/22 County of Residence Lake County
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