GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-032057

12:45 PM 2021 Apr 14

LF298 Quitclaim Deed 7-17, Pg. 1 of 4

Quitclaim Deed

| -151-6 11-611 |
|--|
| RECORDING REQUESTED BY Elite Suntisa Solutions 11C. |
| AND WHEN RECORDED MAIL TO: |
| Glen A Jones Jr , Grantee(s) |
| 40 Box 4209 |
| FALY IN 46404 |
| Consideration: \$_\mathcal{O} |
| Property Transfer Tax: \$ |
| Assessor's Parcel No.: 45.08-09.335.03/,000-004 |
| PREPARED BY: Elife Sunlise Solotions certifies herein that he or she has prepared |
| this Deed. |
| E/1/ + Sun/ 's & Solution SILO March 15, 2821 Signature of Preparer On Date of Preparation |
| Signature of Preparer Date of Preparation |
| Elito Suncia bolations 1x |
| Printed Name of Preparer |
| Printed Name of Preparer District For Towns Supercr TO FINAL ACCEPTANCE FOR TOWNS FOR |
| THIS QUITCLAIM DEED, executed on MARCH 15, 2021 in the County of 14 2021 |
| |
| LAKE, State of INSIAN & LINE COUNTY ALTON |
| by Grantor(s), Elite Sunvise Solution 1100 |
| whose post office address is P.O. Box 409/ |
| to Grantee(s), Gkn A Jones Jr Po Box 4209 Gay, IN 4640 |
| |
| whose post office address is, |
| WITNESSETH, that the said Grantor(s), Elite Sunnise Salctions 110, |
| for good consideration and for the sum of ZENO |
| (\$_O) paid by the said Grantee(s), the receipt whereof is hereby acknowledged. |
| does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title |
| A STATE OF THE STA |

interest and claim which the said Grantor(s) have in and to the following described parcel of

| land, and improvements and appurtenances there | |
|--|---|
| State of LNDIANA and more specific | cally described as set forth in EXHIBIT "A" |
| to this Quitclaim Deed, which is attached hereto a | |
| IN WITNESS WHEREOF, the said Grantor(s) has | |
| year first above written. Signed, sealed and deliver | ered in presence of: |
| GRANTOR(S): | |
| Signature of Grantor | Signature of Second Grantor (if applicable) |
| | Signature of Second Grantor (II applicable) |
| Print Name of Grantor | Print Name of Second Grantor (if applicable) |
| | |
| Signature of First Witness to Grantor(s) | Signature of Second Witness to Grantor(s) |
| Print Name of First Witness to Grantor(s) | Print Name of Second Witness to Grantor(s) |
| GRANTEE(S): | 0, |
| 00 1000 | 4hx |
| Signature of Grantee | Signature of Second Grantee (if applicable) |
| Colon A. Toms I | |
| Print Name of Grantee | Print Name of Second Grantee (if applicable) |
| | CO. |
| Signature of First Witness to Grantee(s) | Signature of Second Witness to Grantee(s) |
| | YQ. |
| Print Name of First Witness to Grantee(s) | Print Name of Second Witness to Grantee(s) |
| "I AFFIRM, UNDER THE PERJURY THAT I HAVE ABLE CARE TO REDACK SECURITY NUMBER IN I UNLESS REQUIRED BY LA PREPARED BY. | Taken reason- T each social 'His document, W." |

| NOTARY ACKNOWLEDGMENT |
|--|
| State of Indiana |
| country of halle |
| On March & 2021, before me, Chimila Wife, a notary |
| public in and for said state, personally appeared, DCJUM SOIIE T |
| who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons |
| whose names are subscribed to the within instrument and acknowledged to me that they ex- |
| ecuted the same in their authorized capacities, and that by their signatures on the instrument the |
| persons, or the entity upon behalf of which the persons acted, executed the instrument. |
| WITNESS my hand and official seal. |
| Signature of Notary JAMILA WYLIE JAMILA WYLIE Notary Public, State of Indiana |
| Affiant Known Produced ID Late County Commission # 643673 FRAL My Commission Expres |
| Type of ID Indianal Commission Express (Seal) |
| |
| |
| 10- |
| -C |
| |
| 0/- |

Exhibit "A"

| PARCEL 45-08-09-335,036000-004 |
|--|
| PARCEL 45-08-09-335.036000-004 LOTIK Block 9. LOGAN PARK AND HON +0 TOHESTON, WOND FLARY, LAKE COUNTY, INDIANA |
| Tolleston, wow BARY Lake County - Indiana |
| 12000 17 2000 17 2000 |
| MORE COMMONLY KNOWN AS 1768 HATTISON ST. |
| KANN Tol 46400 |
| 174E 1 2N -10-20 1 |
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