RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-045198

LAKE COUNTY
FILED FOR RECORD

11:06 AM 2021 Jul 2

Prepared By:

After Recording Return To: 9249 Meade Avenue
Oak Lawn, Illinois 60453

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On May 29, 2021 THE GRANTOR(S),

Leah L Nowacki, a single person

for and in consideration of: One Dollar (\$1.00) and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

Kenneth Nowacki, a single person, residing at 9249 Meade Avenue, Oak Lawn,
 County, Illinois 60453

the following described real estate, situated in hammond, in the County of indiana, State of Indiana

Legal Description:

45-07-15-129-011.000-023

Lot 14, in Rose Claire Second sub division, in the city of Hammond, as per plat thereof, recorded in plat book 43 page 32, in the office of the recorder of Lake County Indiana

25 cash DULY ENTERED FOR TAXATION SUBJE TO FINAL ACCEPTANCE FOR TRANSFI

JUL 0 2 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

By Disclosure Telescopies

Page 1 o

Grantor does hereby convey, release and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

it is a transfer between family members where no money is being exchanged

Tax Parcel Number: 45-07-15-129-011.000-023

Mail Tax Statements To: Kenneth Nowacki 9249 Meade Avenue Oak Lawn, Illinois 60453

SIGNATURE PAGE FOLLOWS

Grantor Signatures:	
DATED: 6-1-2021	
Beah & I buacki	
Leah L Nowacki	
3602 Sedgewick Place	
Orlando, Florida, 32806	
CTATE OF FLORIDA COUNTY OF	CO 2 10
STATE OF FLORIDA, COUNTY OF	onge, ss:
The foregoing instrument was acknowledged h	before me, by means of physical presence or
online notarization, this Aloth day of	by Leah L Nowacki,
who are personally known to me or who have	
	lentification.
,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Notary Public State of Florida Teri Humphreys	Signature of person taking acknowledgment
My Commission HH 047549 Expires 09/28/2024	+ 11 1
Summer S	len Humphreys
	Name typed, printed, or stamped
	0,
	Title or rank
	exp 928 2024
	Serial number (if applicable)
	(0_
	C
	YO.
	Corder
	"I AFFIRM, UNDER THE PENALTIES F

ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY CAW."
PREPARED BY:

