OT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER

2021-062778

TATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021 Oct 12 8:35 AM

PARCEL #: 45-11-21-302-002,000-035

Mail tax bills to: Richard and Doris Leonhard, TTEE's **8214 Meadow Court** St. John, IN 46373

OUITCLAIM DEED

THIS INDENTURE WITNESSETH, That DORIS C. LEONHARD, TRUSTEE OF THE DORIS C. LEONHARD TRUST DATED 6-13-2000 ("Grantor") of Lake County in the State of INDIANA QUITCLAIM(S) TO RICHARD J. LEONHARD and DORIS C. LEONHARD, CO-TRUSTEES OF THE LEONHARD REVOCABLE TRUST DATED MAY 14, 2020, and any amendments thereto ("Grantee") 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:

THE EAST ½ OF LOT 21 IN MEYERS ADDITION A PLANNED UNIT DEVELOPMENT IN THE TOWN OF ST. JOHN, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 89 PAGE 37, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 8214 Meadow Court, St. John, IN 46373

County Parcel Number: 45-11-21-302-002.000-035

Subject to taxes, easements, restrictions, rights of way, ditches and drains, conditions, and covenants of record. Subject also to all zoning laws and other restrictions, regulations, ordinances, or statutes of any governmental authority applicable to the above property.

(Do not mark below this line)

OCT ,

ONSCIOSURE TO

Dated this 2N

day of September, 2021.

DORIS C. LEONHARD, Trustee

OCT 0 8 2021

JOHN E. PETALAS KF COUNTY AUDIT

NOT AN OFFICIAL DOCUMENT

| STATE OF INDIANA | COUNTY OF | LAKE | SS: |
|---|-----------------------|-----------------------|-----------------------------|
| Before me, the undersigned, a notary Publication | lic in and for said C | ounty and State, this | day of September |
| 2021 personally appeared: DORIS C. LEONARD | , Grantor(s), who ac | knowledged the execut | tion of the foregoing deed. |
| In witness whereof, I have hereunto subscribed my | y name and affixed | my official seal. | |
| | • | 11.50 | |
| My commission expires: December 3, 2025 | Signature | IEG S | |
| Resident of Lake County | Bria | n E. Less, Commission | No. 0706021, Notary |
| | Publ | | |
| BRIAN ELIC | | | |

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.

Brian E. Ess

This instrument prepared by Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave, St. John, IN 46373, Attorney at Law Attorney No. 21973-49

MAIL TO: Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave., St. John, IN 46373

TRANSFERRED FOR NO CONSIDERATION