GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-062812

8:51 AM 2021 Oct 12

Quitclaim Deed

Marile Dies
RECORDING REQUESTED BY EVALUE FOWERS
AND WHEN RECORDED MAIL TO:
CIED PHETIS , Grantee(s)
361 EAST 59 MC PLACE
MERRILLYME JA HUHO
Consideration: \$
Property Transfer Tax: \$
Assessor's Parcel No.: 45-08-27-334-022-000-009
PREPARED BY: Certifies herein that he or she has prepared
this Deed.
There Jowen 0, 7/15/2021
Signature of Preparer Date of Preparation
ENAINE PAUTES
Printed Name of Preparer
THIS QUITCLAIM DEED, executed on
(AFE, State of INDIANA
by Grantor(s), RUSSELL Phistos/ ETAINE + OURS (+OA),
whose post office address is 408 EAST 43 Rol AVAUE GARVIN 46409
to Grantee(s), CITO Phetos
whose post office address is 361 EAST 59 HL PLACE (FASILITY)
whose post office address is Serverist Strict The The Hill
WITNESSETH, that the said Grantor(s), KUSSEU MERS ENANCE TO A
for good consideration and for the sum of
(\$) 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
© SmartLegalForms © COLINE 2021 DULY ENTERED FOR TAXATON SUBBAN Quintenian Deed 6-15, Pg. 1 of 4 TO FINAL ACCEPTANCE FOR TRANSFER
TO FINAL ACCEPTANCE FOR THE SECOND

OCT 12 2021 JOHN E. PETALAS LAKE COUNTY AUDITOR

interest and claim which the said drantor(s) have	
land, and improvements and appurtenances there	eto in the County of,
State of INBIANA and more specifi	
to this Quitclaim Deed, which is attached hereto a	and incorporated herein by reference.
IN WITNESS WHEREOF, the said Grantor(s) has year first above written. Signed, sealed and delivered to the said Grantor (s) has year first above written.	
GRANTOR(S):	
11. 500 Har 1910	<u> </u>
Signature of Grantor	Signature of Second Grantor (if applicable)
BUSSELL PURPS/AMINITALIER	Dist Name of Occasion (if and liable)
Print Name of Grantor (DOH)	Print Name of Second Grantor (if applicable)
Signature of First Witness to Grantons	Signature of Second Witness to Grantor(s)
20 9/2/1	
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)
7	
GRANTEE(S):	
W Po)
telleller	0,
Signature of Grantee	Signature of Second Grantee (if applicable)
Cla Photos	- 17.
Print Name of Grantee	Print Name of Second Grantee (if applicable)
Signature of First Witness to Grantee(s)	Signature of Second Witness to Grantee(s)
Signature of First Witness to Grantee(s)	Signature of decords with less to district(s)
Print Name of First Witness to Grantee(s)	Print Name of Second Witness to Grantee(s)
Print Name of Pirst Witness to Grantee(s)	Fillit Name of Second witness to Grantee(s)
	-/
"I AFFIRM, UNDER TH PERJURY THAT I HAVE ABLE CARE TO REDA SECURITY NUMBER IN UNLESS REQUIRED BY I PREPARED BY:	CT EACH SOCIAL THIS DOCUMENT,
PREPARED BT.	# E

NOTARY ACKNOWLEDGMENT	
State of	
County of	_
	ore ma
public in and for said state, personally ap	ipeared (USSEII MERS ETHING FOWERS
who are known to me (or proved to me o	n the basis of satisfactory evidence) to be the persons
whose names are subscribed to the with	nin instrument and acknowledged to me that they ex-
	cities, and that by their signatures on the instrument the
persons, or the entity upon behalf of which	ch the persons acted, executed the instrument.
WITNESS my hand and official seal.	
Muelloley	Alice Coley
Signature of Notar	Notary Public Seal State of Indiana
Affiant Known Produced ID	My Commission Expires 04/18/2023
Type of ID	(Seal)
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	(Seal) For County Pocondon
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NOT AN OFFICIAL DOCUMENT Oroberty or lake County Recorder EXPLOIT A



Property of take County Recorder