GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-062812

8:51 AM 2021 Oct 12

Quitclaim Deed

May 1=12 : 0
RECORDING REQUESTED BY ETAINE FONES
AND WHEN RECORDED MAIL TO:
CLEO PHEIPS , Grantee(s)
361 EAST 59HC PIACE
MERRILLAMO IN 44410
Consideration: \$
Property Transfer Tax: \$
Assessor's Parcel No.: 45-08-27-334-022-000-004
PREPARED BY: Elative Powers certifies herein that he or she has prepared
this Deed.
Maine Jowen 7/15/2021
Signature of Preparer Date of Preparation
ELAINE PAUTES
Printed Name of Preparer
THIS QUITCLAIM DEED, executed on
CAKE, State of INDIANA
by Grantor(s), KUSSELL PULLES (ETAINE + OURS (+OA),
whose post office address is 408 EAST 43 Pol Avane GARV IN 46409
to Grantee(s), CITO Phetos
whose post office address is 361 EAST 59 HL PLACE (1 FAMILY LET)
2 1011
WITNESSETH, that the said Grantor(s), KUSSEU PRETRY ETAINETOWEEDON
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 DULY ENTERED FOR TAXATION SUBJECT Quitotaim Deed 6-15, Pg. 1 of 4
DULY ENTERLE PORT TO FINAL ACCEPTANCE FOR TRANSFER

JOHN E. PETALAS LAKE COUNTY AUDITOR

	1 11:
land, and improvements and appurtenances there	
State of INDI AND and more specific	cally described as set forth in EXHIBIT "A"
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 delive	
GRANTOR(S):	
11. 2500 Har 14/1	
Signature of Grantor	Signature of Second Grantor (if applicable)
BUSSELL PHISOS/AMINETONIE	
Print Name of Grantor (DOH)	Print Name of Second Granter (if applicable)
Daum Collins	
Signature of First Wilness to Grantor(s)	Signature of Second Witness to Grantor(s)
Danie Say	Print Name of Second Witness to Grantor(s)
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)
10	
GRANTEE(S):	
)
and -) O.
Signature of Grantee	Signature of Second Grantee (if applicable)
Signature of Grantee	Signature of Second Grantee (if applicable)
Cla photos	7/
Signature of Grantee CLO MAS Print Name of Grantee	Signature of Second Grantee (if applicable) Print Name of Second Grantee (if applicable)
CIO Molps Print Name of Grantee	Print Name of Second Grantee (if applicable)
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Print Name of Grantee Signature of First Wijness to Grantee(s)	Print Name of Second Grantee (if applicable) Signature of Second Witness to Grantee(s)
CIO Molps Print Name of Grantee	Print Name of Second Grantee (if applicable)
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Print Name of First Witness to Grantee(s) Print Name of First Witness to Grantee(s)	Print Name of Second Grantee (if applicable) Signature of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s)
Print Name of Grantee Signature of First Witness to Grantee(s) Print Name of First Witness to Grantee(s)	Print Name of Second Grantee (if applicable) Signature of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s)
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Print Name of Grantee Signature of First Witness to Grantee(s) Print Name of First Witness to Grantee(s) "I AFFIRM, UNDER THE PERJURY THAT I HAVE ABLE CARE TO REDAK SECURITY NUMBER IN JUNIOR SEROURCE BY LINE	Print Name of Second Grantee (if applicable) Signature of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s) PENALTIES FOR TAKEN REASON- TEACH SOCIAL THIS DOCUMENT,
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Print Name of Grantee Signature of First Witness to Grantee(s) Print Name of First Witness to Grantee(s) "I AFFIRM, UNDER THE PERJURY THAT I HAVE ABLE CARE TO REDAG SECURITY NUMBER IN JUNIS ES REQUIRED BY JUNIOR SERVICES	Print Name of Second Grantee (if applicable) Signature of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s) Print Name of Second Witness to Grantee(s) PENALTIES FOR TAKEN REASON- TEACH SOCIAL THIS DOCUMENT,

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NOTARY ACKNOWLEDGMENT	
State of	
County of	
On	
public in and for said state, personally appear	eoKussett Megs/Ethnefowers
who are known to me (or proved to me on the	e basis of satisfactory evidence) to be the persons
whose names are subscribed to the within in	nstrument and acknowledged to me that they ex-
ecuted the same in their authorized capacities	s, and that by their signatures on the instrument the
persons, or the entity upon behalf of which th	e persons acted, executed the instrument.
WITNESS my hand and official seal.	
Muellelen	Alice Coley
Signature of Notary	Motary Public Seal State of Indiana
Affiant Known Produced ID	My Commission Expires 04/18/2023
Type of ID	(Seal)
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	(Seal)

NOT AN OFFICIAL DOCUMENT Property or lake County Recorder EXPLOY H



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