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QUIT CLAIM DEED

| | STATE OFINDIANA, | | | | |
|---|--|---|--------------|---------------------|--|
| | LAKE COUNTY | GINA PIMENTEL RECORDER | 2021-069078 | | |
|) | DATED October 30, 2020 | STATE OF INDIANA LAKE COUNTY FILED FOR RECORD | 3:39 PM | 2021 Nov 29 | |
| | KNOW ALL PERSON BY THESE PRESENTS | That for and in consider | oration of t | the sum | |
| | of no Dollar (\$0.00 | |) in hand p | | |
| | (,) | | , | | |
| | Jeffrey Saddler and Lisa Saddler, residing at 13961 Hobart ST CEDAR LAKE IN 46303, County of Lake, City of Cedar Lake, State of Indiana, (hereinafter known as the "Grantor(s)") hereby remise, | | | | |
| | release and forever quitclaim to Cody R Sadd | | | | |
| | County of Lake , City of Cedar Lake , State | | | | |
| | "Grantee(s)") all the rights, title, interest, and c | | | | |
| | situated in Lake , County, to-wit: | idili ili oi to tile iollowii | ig describe | d rear estate, | |
| | Parcel Number 45-15-26-484-005.000-043 | | | | |
| | 13961HOBART ST CEDAR LAKE IN 46303 | | | | |
| | | C 42 9 44 DL 0 * | | | |
| | SHADES ADD CEDAR LAKE PLAT A ALL LT Tax Code 043 | 5 43 & 44 BL 9 | | 1 | |
| | Tax Code 043 | | | | |
| | | 0 | | | |
| | To have and to hold, the same together with al | ll and singular the appu | rtenances | thereunto belonging | |
| | or in anywise appertaining, and all the estate, | right, title, interest, lien, | equity and | claim whatsoever | |
| | the said first party, either in law or equity, to the | e only proper use, bene | efit and beh | noove of the said | |
| | second party forever | 40 | | | |

Grantor's Signature

Jeffrey Saddler Grantor's Name

13961 Hobart Street Address

Cedar Lake, IN 46303 City, State & Zip

Grantor's Signature

Lisa Saddler Grantee's Name

13961 Hobart Street Address

Cedar Lake, IN 46303, City, State & Zip

Grantee's Signature

Cody R Saddler Grantee's Name

13961 Hobart Street Address

Cedar Lake, IN 46303 City, State & Zip

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER NOV 29 2021

JOHN E. PETALAS LAKE COUNTY AUDITOR





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| In Witness Whereof, | | | | | |
|---|--|--|--|--|--|
| Selicia Mh | * M.OKIL | | | | |
| Witness's Signature | Witness's Signature | | | | |
| telicia Blair | PATRICIA A DOLANKO | | | | |
| Witness's Name | Witness's Name | | | | |
| 9704 Lincoln Plaza | ~ 9704 LINGOLN LEAZA | | | | |
| Address | Address | | | | |
| Cedar Lake Tr 41.303 | CEDAR LAKE IN 4630 | | | | |
| City, State & Zip | City, State & Zip | | | | |
| STATE OF Teling) | ~ | | | | |
| 1 10 /X | | | | | |
| COUNTY OF LGK | | | | | |
| Ox | ~ | | | | |
| I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that <u>Jeffrey Saddler. Lisa Saddler and Cody R Saddler</u> , whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date. | | | | | |
| Given under my hand this 24th day of November, 2021 | | | | | |
| | AHIPH | | | | |
| 7 | Notary Public | | | | |
| My Comr | nission Expires: Acci 25 2-23 | | | | |
| | - CAPITOS. | | | | |
| THIS DOCUMENT prepared by | "Official Sea!" Tillany Marte Hart Notary Public, State of Indiana | | | | |
| Jeffrey Saddler PRINTED NAME | Resident of Lake Co., IN My commission expires | | | | |
| PRINTED NAME | August 25, 2023 | | | | |
| I affirm under the penalties for perjury, that I have taken reasonable care to protect, redact each social security number in this Document unless required by Law. | | | | | |
| AD | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Signature | - | | | | |
| 3514 Fayette Street | | | | | |
| Address | \sim | | | | |
| Kingman, IN 47952 City, State & Zip | | | | | |
| è | | | | | |

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