

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-071039

1:11 PM 2021 Dec 9

Quitclaim Deed

RECORDING REQUESTED BYMichael M. Washington
AND WHEN RECORDED MAIL TO:
Michael M. Washington , Grantee(s)
224 Dallas Street
Gary, Indiana 46406
Consideration: \$ Gift to Son
Property Transfer Tax: \$
Assessor's Parcel No.: _45-07-01-154-002.000-004
PREPARED BY: Marilyn J. Fondren certifies herein that he or she has prepared
this Deed.
Wanter V. Ford 1012 12/03/2021
Signature of Preparer Date of Preparation
Marilyn J. Fondren
Printed Name of Preparer
THIS QUITCLAIM DEED, executed on 12/03/2021 in the County of Lake
County In . State of Indiana
by Grantor(s), Helen Washington, A Single Woman
whose post office address is 224 Dallas Street, Gary, Indiana 46406
to Grantee(s), Michael Machell Washington, A Married Man
whose post office address is 224 Dallas Street, Gary, Indiana 46406
WITHEOCETH And the cold Constants
WITNESSETH, that the said Grantor(s), Helen Washington, A Single Woman,
for good consideration and for the sum ofA Gift to Family Member (Son)
$(\$_\0-$) 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,
DULY ENTERED FOR TAXATION SUBJECT
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DEC 09 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

85°

interest and claim which the said Grantor(s) have	e in and to the following described parcel of
land, and improvements and appurtenances there	eto in the County of Take
State of and more specifi	cally described as set forth in EVUIDIT "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 delived GRANTOR(s):	signed and sealed these presents the day and ered in presence of:
1 ten whingly	
Signature of Grantor ALILA Washington Helen Washington	Signature of Second Grantor (if applicable)
Print Name of Grantor	Print Name of Second Grantor (if applicable)
Signature of First Witness to Grantor(s) Alphon So Washington Ja. Alphonso Washington, Jr.	Signature of Second Witness to Grantor(s)
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)
GRANTEE(S): Mach of Card Signature of Grantee St. 10 1/1 1/2011	Signature of Second Grantee (if applicable)
michael machell Washington Michael Machell Washington	Comment (in applicable)
Print Name of Grantee	Print Name of Second Grantee (if applicable)
alphon Wach - 12.	0
Signature of First Witness to Grantee(s) Alphonso Washington Jr. Alphonso Washington, Jr.	Signature of Second Witness to Grantee(s)
Print Name of First Witness to Grantee(s)	Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

	State of Indiana
	County of Lake
	On
	public in and for said state, personally appeared, <u>Helen Washington</u> , <u>Grantor</u> and Michael Machell Washington, Grantee
	who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons
	whose names are subscribed to the within instrument and acknowledged to me that they ex-
	ecuted the same in their authorized capacities, and that by their signatures on the instrument the
	persons, or the entity upon behalf of which the persons acted, executed the instrument.
6	WITNESS my hand and official seal. Mailyn () order Synature of Notary , Marilyn J. Fondren, Commission #: 659400
	Affiant Known <u>yes</u> Produced ID <u>yes</u>
	Type of ID State I.D. & CDL License (Seal)
	MARILYN J FONDREN Notary Public - Ssel State of Indiana Lake County My Commission Expires Dac 5, 2022

Exhibit "A"

Lot 2, except the North 10 feet thereof
and Lot 3, except the South 10 feet, thereof,
in Block "E", in Leshwood on West Fifth Second
Addition, in the City of Gary, as per plat Thereof,
Recorded in Plat Book 20 page 15, in the Office of
the Recorder of Lake County, Indiana, Key 45-288-2
Property Number: 45-07-01-154-002.000-004
Also Known as: 307-09 Dallas Street, Gary, Indiana 46406
C _A
1
1 AFFIRM, UNDER THE PENALTIES FOR
PERJURY THAT I HAVE TAKEN REASON-
ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT,
UNLESS REQUIRED BY LAW."
PREPARED DIS
W. 17 - 7 E
A
10
C
O _A
0/2
- Cy

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