

NOT AN OFFICIAL DOCUMENT

3

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-007485

12:50 PM 2023 Mar 13

Grantee's Name and Street Address:

LATROY D. RAY
300 GARFIELD ST.
GARY, IN 46404

QUITCLAIM DEED

(Individual to Individual)

THIS INDENTURE WITNESSETH, That LATROY D. RAY
of LAKE County, in the State of _____

RELEASE AND QUITCLAIM

To BAUCHELLE B. RAY
of LAKE County, in the State of INDIANA for the sum of
\$1 Dollars, the
following described REAL ESTATE in LAKE County, in the State of
Indiana, to-wit:

See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full

Legal Description:

NEW BRUNSWICK ADD. L. 28 BL. 8S.
15 FT. OF L. 29 BL 8

PROPERTY# 45-07-01-404-022.000-004:

LOCATION: 560 RALSTON ST., GARY, IN 46406

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

MAR 13 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



25
CASH
L/C

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Prior Instrument Reference: Instrument No. (10 Digit): _____ / Book _____
Page _____

See Power of Attorney of record as Instrument No. _____, in the Recorder's Office for
_____ County, Indiana.

IN WITNESS WHEREOF, the said _____
has executed this Quitclaim Deed this 13th day of MARCH, 20 23

LARRY D. RIV

(Grantor's Signature)
LARRY D. RIV

Print/Type Name

By: _____
Print Name: _____
Grantor's Attorney-in-Fact

State of Indiana
County of LAKE
CARMELITA V. PERRY
LARRY D. RIV
I, _____, a NOTARY, in and for said
County in said State, hereby certify that LARRY D. RIV whose
name as _____ (here state representative capacity) is signed to the foregoing
conveyance and who is known to me, acknowledged before me on this day that, being informed of the
contents of the conveyance, he/she, in his/her capacity as such GRANTOR, executed
the same voluntarily on the day the same bears date.

Given under my hand this the 13th day of MARCH, 20 23.

Carmelita V Perry

(Signature of notarial officer)
NOTARY

Title (and Rank)



Carmelita V Perry
NOTARY PUBLIC
Lake County, State of Indiana
Commission Number: 700721
My Commission Expires May 22, 2025

My commission expires: 5-22-25

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This Instrument was prepared by:

LATROY D. RAY

Telephone: 219-808-0836

Signature LATROY D. RAY

Print or Type Name LATROY D. RAY

After Recording, return to:

Telephone: _____

Affirmation Statement

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.

Signature LATROY D. RAY

Print or Type Name