NOT AN OFFICIAL DOCUMENT Prepared By Name: OFelia Fonseca Address: 9163 Mercimack CT GINA PIMENTEL Saint John IN 46373 2023-009164 State: Indiana Zip Code: 46397 RECORDER STATE OF INDIANA LAKE COUNTY 10:48 AM 2023 Mar 24 After Recording Return To ED FOR RECORD Name: OFelia f Address: 9163 Mercimac Zip Code: 4 6 Space Above This Line for Recorder's Use QUIT CLAIM DEED DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER MAR 2 4 2023 PEGGY HOLINGA KATONA KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of) in hand paid to Ten dollars O Felia Fonseca, a residing at 9163 Mevermack, CT State of Indiana County of Lake City of Sairt John (hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to Giovanna O. Esquives residing at 9163 Merri mack CT. County of Lake, City of Saint John, State of Indiana (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Lake Indiana to-wit: PIN 450236 482 002 000 05 The south II Feet of Lot 2 and all of Lot addition to the city of Hammond, As per plat book 2, Page 17, IN the office recorder of Lake county, Indiana IINSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERTI To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, inferest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASON-ABLE CABE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

PREPARED BY:

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NOT AN OFFICIAL DOCUMENT

Ountan	
Grantor's Signature	Grantor's Signature
OFELIA TONSECO Grantor's Name	Grantor's Name
9163 Merrimack CT. Address	Address
Saint John IN 46373 City, State & Zip	City, State & Zip
In Witness Whereof,	
Basma Abde Kaller Witness's Signature	Ho dencia Moreno Witness's Signature
Basma AblelKader Witness's Name	HORTENCIA MORENO Witness's Name
50% Sandpiper Dr. Address	6943 Hum Ave. Address
Schorer Ville TN46375 City, State & Zip	City, State of Zip
STATE OF Incliana)	The same
COUNTY OF LAKE)	Po
I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that OFe ha FowSeea 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 44 day of Mave	, 20 2 3
Notary Public – Seal Lake County – State of Indiana	Public mmission Expires: January 21st 2025

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