

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER

2023-009166

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

11:04 AM 2023 Mar 24

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.

This Instrument Was Prepared By

Name: CARLOS E. SMITH
Address: 15552 Wildflower Ln
WESTFIELD
State: IN Zip Code: 46074

After Recording Return To

Name: _____
Address: _____
State: _____ Zip Code: _____

Space Above This Line for Recorder's Use

INDIANA QUIT CLAIM DEED

DUPLY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

STATE OF INDIANA

MAR 24 2023

LAKE COUNTY

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of one dollar and zero cents (\$1.00) in hand paid to

DWAIN K. SMITH, a individual, residing at 2609 MADISON ST.,

County of LAKE, City of GARY, State of INDIANA

(hereinafter known as the "Grantor(s)") hereby quitclaims to CARLOS E. SMITH,

a individual, residing at 15552 WILDFLOWER LN, County of HAMILTON,

City of WESTFIELD, 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 County, Indiana to-wit:

Property Number: 45-08-16-430-003.000-004

Location: 2609 MADISON ST., GARY, INDIANA

Legal Description: 2ND OAK PARK ADD. L.46 BL.49

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]



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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, interest, 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.

IN WITNESS WHEREOF, Grantor has executed and delivered this Quit Claim Deed under seal as of the day and year first above written.

FURTHER, 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.

<u>Dwain K. Smith</u> Grantor's Signature	_____
DWAIN K. SMITH	Grantor's Signature
_____	_____
Grantor's Name	Grantor's Name
2609 MADISON ST.	_____
Address	Address
GARY, INDIANA 46407	_____
City, State & Zip	City, State & Zip

<u>_____</u> Witness's Signature	_____
_____	Witness's Signature
Witness's Name	_____
_____	_____
Address	Address
_____	_____
City, State & Zip	City, State & Zip


NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)

COUNTY OF LAKE)

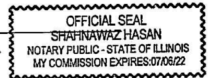
I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that DWAIN K. SMITH whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 15TH day of December, 2021.



Notary Public

My Commission Expires:



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Property of Lake County Recorder

