

# NOT AN OFFICIAL DOCUMENT

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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: Randall Kemp  
Address: 3121 Del Oceano Dr.  
Lafayette, CA 94549

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
**2023-028726**  
12:42 PM 2023 Oct 17

### After Recording Return To

Name: Yahvor Ben Israel Withers  
Address: 7239 South Ridgeland Ave.  
Basement Apt, Chicago, IL 60649

Space Above This Line for Recorder's Use

### INDIANA QUIT CLAIM DEED

STATE OF INDIANA

LAKE COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Three Thousand Dollars (\$3,000.00) in hand paid to Randall Kemp, residing at: 3121 Del Oceano Dr. Lafayette, CA 94549 (hereinafter known as the "Grantor" hereby quitclaims to: W.F.I. LLC. Yahvor Ben Israel Withers, Manager, residing at: 7239 South Ridgeland Ave. Basement Apt, Chicago, IL 60649 (hereinafter known as the "Grantee(s)"), all the rights, title, interest, and claim in or to the following described real estate, situated in 1577 Pierce St. Gary, Indiana 46407, Lake County Indiana to-wit:

Parcel # 45-08-09-326-016.000-004

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

Legal Description: LOGAN PARK ADD. L.29 BL.5 S1/2 L.30 BL.5

OCT 17 2023

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

To have and to hold, the same together with all and singular the appurtenances



25  
CC  
RM

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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.

Randall Kemp

4/10/23

Grantor's Signature

Grantor's Name  
Randall Kemp

Address:

3121 Del Oceano Dr.  
Lafayette, CA 94549

City, State & Zip

Witness's Signature

Witness's Name

Address

City, State & Zip

Yahvor Ben Israel Withers

Grantee's Signature

Grantee's Name  
Yahvor Ben Israel Withers (Manager)  
Withers Family Investments, LLC.

Address:

7239 South Ridgeland Ave.  
Basement Apt, Chicago, IL 60649

City, State & Zip

Witness's Signature

Witness's Name

Address

City, State & Zip

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ILLINOIS

STATE OF INDIANA)

COUNTY OF COOK

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Yahvor Ben Brael Withers 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 04 day of May, 2023.

SS Shah  
Notary Public

My Commission Expires: 07-16-2023

Yahvor Ben Brael Withers  
"This is an original document"

Yahvor Ben Brael Withers  
State of Illinois - County of Cook  
This instrument was acknowledged before me on 05-04-2023 (Date)  
By Yahvor Ben Brael Withers

SS Shah  
"OFFICIAL SEAL"  
SS SHAH  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 7/16/2023

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## CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa

On 8/5/23 before me, Tony Depolo, Notary Public

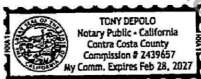
Date

Here Insert Name and Title of the Officer

personally appeared Randall Kemp

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Tony Depolo

Signature of Notary Public

Place Notary Seal and/or Stamp Above

### OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_

Partner -  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

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Property of Lake County Recorder