

NOT AN OFFICIAL DOCUMENT

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

After Recording Return To

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

GINA PIMENTEL
RECORDER

2023-028727

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

12:42 PM 2023 Oct 17

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 Six Thousand Dollars (\$6,000.00) 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 343 Hayes St. Gary, Indiana 46404, Lake County Indiana to-wit:

Parcel # 45-08-05-279-008.000-004

Legal Description: GARY LAND CO'S. 4TH SUB. S. 5 FT. 0F N. 10 FT. L.6 BL.34 N. 5 FT. L.6 BL.34 ALL L. 7 BL.34

[INSERT LEGAL DESCRIPTION HERE ON

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 17 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Page 1 of 3



25
cc
RM

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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, lion, equity and claim whatsoever for the said first party, oither 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 Qult 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

Yahvor Ben Israel Withers

Grantee's Signature

Grantee's Name

Yahvor Ben Israel Withers (Manager)
Withers Family Investments, LLC.

Address:

3121 Del Oceano Dr.
Lafayette, CA 94549

City, State & Zip

Address:

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

City, State & Zip

Witness's Signature

Witness's Name

Address

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 Yahvoa Ben Israel 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, 2022.

SS Shah
Notary Public

My Commission Expires: 07-16-2023

Yahvoa Ben Israel Withers
"This is an original document"

Yahvoa Ben Israel Withers
State of Illinois - County of Cook
This instrument was acknowledged before me on 05-04-2022 (Date)
By Yahvoa Ben Israel 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 5/5/23 before me, Tony Depele, 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 Depele
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: _____