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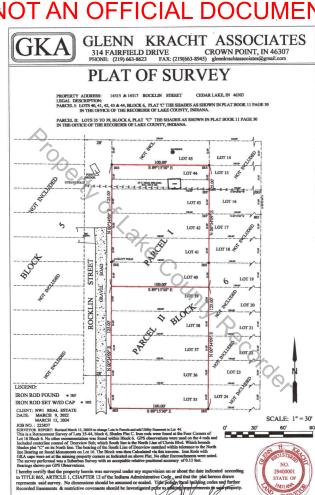
	When recorded, mail to:		
1	Name: Michael Smith and Elizabeth Smith		
4	Address: 1845 Gates Ave.		
	Address: 10+3 Gates Ave.	GINA PIMENTEL RECORDER	2024-00938
	City/State/Zip Code:Kingman, AZ 86401	STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED	9:39 AM 2024 Ma
		Space above this line for Re	ecorder's use
	0	AIM DEED	
	KNOW ALL MEN BY THESE PRESENTS:		
	That I (we), Michael Smith and Elizabeth Smith, Hush the undersigned, for the consideration of Ten Do	illars (\$10.00), and other valuable	
	hereby release, remise, and forever quitclaim unto	Michael Smith and Elizabeth Smith	, Husband and Wife
	joint tennants with rights of survivorship		
	all right, title and interest in that certain Property	situated inLake	County,
	. 2	ed as follows:	
	Parcel I: Lots 40, 41, 42, 43 & 44, Block 6, Plat "C", The Shades as of Lake County, Indiana.	shown in Plat Book 11 Page 30 in the o	office of the Recorder
	Parcel II: Lots 35 to 39, Block 6, Plat "C", The Shades, as shown in I County, Indiana.	DULY ENTE Plat Book 11 Page 30 in the Office of the	RED FOR TAXATION SUBJECT CEPTANCE FOR TRANSFER RECORDER OF Lake
	•		IAR 2 2 2024
	Parcel No. 45-15-35-257-012.000-043 45-15-35-257-013.000-043		GCY HOLINGA KATONA
	Commonly known as: 14315 Rocklin St., Cedar Lake, IN		
	Grantee's address: 1845 Gates Ave., Kingman, AZ 86401	0	
	IN WITNESS WHEREOF, I(we) have hereunto s	set my(our) hand(s) and seal this	day of
	Michael Sand Printed Name of Releasor Finited Name of Releasor	Signature of Rele	asor
	MARTHA SmitH Printed Name of Witness (if required by State Laws)	Martha Sm Signature of Witness (if require	ed by State Laws)
		25-2901	6789052
		Clm	

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ACKNOWLEDGMENT (States Other Than California)

State of Vizina)
County of Mohave) ss.
On this 14th day of MMM 2024 before me the undersigned
On this day of
Michael Smith
known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.
My Commission Expires: 10 - 03 - 2009 Wotary Public
If acknowledged in the State of Florida, complete section(s) below:
(Releasor) ☐ Personally Known (or) ☐ Produced Identification
If applicable, Type of Identification Produced:
(Co-Releasor) Personally Known (or) Produced Identification
If applicable, Type of Identification Produced:
was C. Monnie
10
ACKNOWLEDGMENT (State 01 California)
(State Of California) State of California) ss.
(State Of California) State of California) ss. County of)
(State Of California) State of California) ss. On this day of , , before me,
(State Of California) State of California) ss. Country of)
(State Of California) State of California) ss. On this day of , , before me,
(State Of California) State of California) ss. On this day of , , before me,
(State Of California) State of California County of On this day of , before me, the undersigned Notary Public, personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose harme(s) is(are) subscribed to the attached 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
(State of California) State of California) ss. County of, before me,, the undersigned Notary Public, personally appeared, Dersonally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is(are) subscribed to the attached 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 nistrument.
(State of California) State of California) ss. County of, before me,, the undersigned Notary Public, personally appeared, Dersonally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is(are) subscribed to the attached 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 nistrument.
(State of California) State of California) ss. County of, before me,, the undersigned Notary Public, personally appeared, Dersonally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is(are) subscribed to the attached 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 nistrument.
(State Of California) State of California) ss. On this

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IN Registered Surveyor No. 9400001