NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER 2024-009743

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

10:52 AM 2024 Mar 28

PARCEL #: 45-11-23-433-002.000-036

Mail tax bills to:
Kathleen Wallace TTEE
2821 Morningside Dr.
Crown Point IN 46307

OUITCLAIM DEED

THIS INDENTURE WITNESSETH, That KATHLEEN WALLACE ("Grantor") of <u>Lake</u> County in the State of INDIANA QUITCLAIM(S) TO Kathleen M. Wallace, Trustee of the Kathleen M. Wallace Living Trust, dated March 20, 2024, and any amendments thereto ("Grantee") of LAKE County in the State of INDIANA in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 26, THE WOODS, UNIT NO. 1, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 75 PAGE 33, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. COMMONLY KNOWN AS: 2821 Morningside Dr., Crown Point IN 46307

County Parcel Number: 45-11-23-433-002.000-036

Subject to taxes, easements, restrictions, rights of way, ditches and drains, conditions, and covenants of record. Subject also to all zoning laws and other restrictions, regulations, ordinances, or statutes of any governmental authority applicable to the above property.

(Do not mark below this line)

Dated this 20th day of March, 2024.

Extruction of March 2024.

KATHLEEN WALLACE

DULY ENTERED FOR TRAINSFER

15. 7

MAR 28 2024

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA	c	OUNTY OF_	LAKE	SS:
Before me, the undersign				
2024 personally appeared: KAT				
foregoing deed. In witness where	eof, I have hereunto s	subscribed my	name and affixed my	official seal.
My commission expires: Decem		ignature/	1648	
Resident of Lake County		Brian	n E. Less, Notary Public	3
		Com	mission No. NPO70602	21
SEA	BRIAN ELIOT LESS My Commission Expires December 3, 2025 Commission Number NP0706021 Lake County			
I affirm, under the penalties for	perjury, that I have ta	aken reasonab	le care to redact each S	ocial Security

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.

Brian E. Less

This instrument prepared by Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave, St. John, IN 46373, Attorney at Law Attorney No. 21973-49

MAIL TO: Brian E. Less, Office of Brian E. Less, PC, 8339 Wicker Ave., St. John, IN 46373

TRANSFERRED FOR NO CONSIDERATION