

GINA DIMENCEI
RECORDER

2024-010115

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

3:10 PM 2024 Apr 3

Prepared By:

Name: Diane Cain, H/LA Erica
Address: 79 Lukes Ct.

State: Hobart, IN Zip Code: 46342

"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."

After Recording Return To:

Name: Diane Cain
Address: 79 Lukes Ct.
Hobart

State: IN Zip Code: 46342

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

APR 03 2024

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Space Above This Line for Recorder's Use

INDIANA QUIT CLAIM DEED

STATE OF INDIANA
COUNTY OF Lake



KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of _____ (\$ 0) in hand paid to Erica D. Cain (Grantor Name), a Diane Cain H/LA (Marital Status), residing at 79 Lukes Ct. Hobart IN 46342 (hereinafter known as the "Grantor(s)") hereby quitclaims to Diane Cain H/LA Erica D. Cain (Grantee Name), a Erica D. Cain (Marital Status), residing at _____ (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 of Lukes Ct. Hobart IN 46342
Lukes Addition E 36ft of Lot 4
Parcel ID # 45-09-30-427-006-000-018

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]



3

Handwritten initials/signature on the right margin.

NOT AN OFFICIAL DOCUMENT

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.

Diane Cain

Grantor's Signature

Diane Cain H/a Erica D Cain

Grantor's Name

79 Lakes Ct.

Street Address

Hobart IN 46342

City, State & ZIP

Grantor's Signature

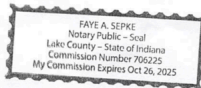
Grantor's Name

Street Address

City, State & ZIP

STATE OF IN

COUNTY OF Lake



I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Diane Cain 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 3rd day of April, 2024.

Faye A. Sepke
Notary Public

My Commission Expires: 10/26/2025

"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."
PREPARED BY: *[Signature]*



NOT AN OFFICIAL DOCUMENT

Property of Lake County Recorder

