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DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER Apr 29 2024 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR 04/30/2024 12:28 PM TOTAL FEES: 25.00 BY: KD PG #: 3 RECORDED AS PRESENTED

2024-513423

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

WARRANTY DEED

THIS INDENTURE WITNESSETH, that MICHAEL RAY YOUNG ("Grantor"), CONVEYS and WARRANTS to QUDSIA AHMED ("Grantee"), for the sum of Ten Dollar (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate (the "Real Estate") in LAKE County, State of Indiana:

LOT 6 AND THE SOUTH 1/2 OF LOT 5, INCLUDING THAT PORTION OF THE VACATED EAT 3 FEET OF JACKSON ST., ADJOINING SAID LOTS, WHICH LIES BETWEEN THE SOUTH LINE OF LOT 6 EXTENDED WEST AND THE NORTH LINE OF THE SOUTH 1/2 OF LOT 5 EXTENDED WEST, IN THE BLOCK 3 IN TOLLESTON HEIGHTS, IN THE CITY OF GARY., LAKE COUNTY, INDIANA.

PARCEL NO. 45-08-28-457-003.000-004

The Real Estate is commonly known as 4421 Jackson St., Gary, Indiana 46408. Subject to real estate taxes not delinquent and to any and all easements, agreements and restrictions of record.

A IN WITNESS WHEREOF, Grantor has executed this deed this 23

<u></u>	Mul Ruy Young Michael Ray Young
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CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Sacramento	. }
	On 4/23/24 before me, /	Noah I Kressel Motory Poblic
	personally appeared Michael Ra	4/ Youka
who proved to me on the basis of satisfactory evidence to be the person(s) who name(s) is/are subscribed to the within instrument and acknowledged to me that		
	he/she/they executed the same in his/h	er/their authorized capacity(ies), and that
	which the person(s) acted, executed the	ent the person(s), or the entity upon beha e instrument.
	6	
	the foregoing paragraph is true and cor	under the laws of the State of California
	WITNESS my hand and official seal.	NOAH T. KOESSEL 2 COMM. # 2475133
	Notary Public/Signature (No	otary Public Seal)
	ADDITIONAL OPTIONAL INFORMATI	INSTRUCTIONS FOR COMPLETING T
	DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with our ent California statutes regarding if needed, should be completed and attached to the document from other states may be completed for documents being sen
	Whrranty Deed (Title or description of attached document)	as the wording does not require the California notary to viole law.
		 State and County information must be the State and Count signer(s) personally appeared before the notary public for an Date of notarization must be the date that the signer(s) personally
	(Title or description of attached document continued) Number of Pages 3055 Document Date 112314	 must also be the same date the acknowledgment is complete The notary public must print his or her name as it app
	nationary Lades (A) Document Date 11 - 4 - 1	commission followed by a comma and then your title (nota Print the name(s) of document signer(s) who personally notarization.
	CAPACITY CLAIMED BY THE SIGNER IXI Individual (s) □ Corporate Officer	 Indicate the correct singular or plural forms by crossing o he/shc/they, is /are) or circling the correct forms. Failure to information may lead to rejection of document recording.
	(Title)	The notary seal impression must be clear and photogra Impression must not cover text or lines. If seal impression sufficient area permits, otherwise complete a different acknows. Signature of the notary public must match the signature on
	☐ Attorney-in-Fact ☐ Trustee(s)	the county clerk. Additional information is not required but could acknowledgment is not misused or attached to a diff
0	Other	 Indicate title or type of attached document, number Indicate the capacity claimed by the signer. If the corporate officer, indicate the title (i.e. CEO, CFO, 8 Securely attach this document to the signed document with a

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary

heir authorized capacity(ies), and that by the person(s), or the entity upon behalf of

der the laws of the State of California that

- · State and County information must be the State and County where the document
- signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
- must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her
- commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- · Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they; is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple,

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STATE OF)SS:	0.1			
COUNTY OF)				
Before me, a Notury Public in and for said County and State, personally appeared MICHAEL RAY YOUNG, who acknowledged the execution of the foregoing Warranty Deed, and who having been duly sworm, stated that any representations therein contained are true.				
Witness my hand and Notarial	Scal this day of, 2024.			
My Commission expires:	Signature:			
	Printed:			
	Resident of County State of			
Ó	400			
Grantees Address: /3// Sour	th Finely Rd Apt 117 Control 32 60148			
Tax billing address:				

This instrument was prepared by Robert R. Thomas, THOMAS LAW GROUP, LLC, 234 E. Carmel Drive, Carmel, Indiana 46032.

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law, Robert R. Thomas.