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GINA DEMENTAL
RECORDER

2024-030050

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

1:14 PM 2024 Oct 16

Prepared By

Name: Ralph E Thomas
Address: 2124 E 20th Ave
City: Gary
State: IN Zip Code: 46407

After Recording Return To:

Name: Eddie Brown
Address: 7725 W McDowell RD Apt 1060A
City: Phoenix
State: AZ Zip Code: 85035



DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

Space Above This Line for Recorder's Use

OCT 16 2024

INDIANA QUIT CLAIM DEED

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

State of Indiana County of LaKe

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of

No consideration US Dollars (\$ 0.00) in hand, paid to

Ralph E Thomas

a sole ownership Residing at

2124 E 20th Ave

County of LaKe, City of Gary State of IN

(hereinafter known as the "Grantor(s)") hereby quitclaims to Eddie S Brown Jr

a sole ownership Residing at

7725 W McDowell Rd Apt 1060A

County of Maricopa, City of Phoenix State of AZ

(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 Number 45-08-14-205-021.000-004

Marshalltown Terrace L.3 BL.4 commonly

known as 2231 Wisconsin St Gary, IN 46407

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,

525
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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.

IN WITNESS WHEREOF, the Grantor(s) has/have duly executed this Quitclaim Deed as of the date hereinafter.

Grantor Signature: Ralph E. Thomas Date: 10-16-2024
Printed Name: Ralph E. Thomas

Grantor Signature: _____ Date: _____
Printed Name: _____

"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: R.E.T.

Property of Lake County Recorder

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CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

[Signature]
Witness Signature

Caridad Colon
Witness Printed Name

PROOF:

STATE OF Indiana

COUNTY OF Lake

Before me a Notary Public in and for said County and State, Dated on 10/16/2024, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Caridad Colon to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)- Ralph Edwin Thomas execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

[Signature]
NOTARY PUBLIC SIGNATURE
Lauren Staten
NOTARY PRINTED NAME

Notary Name exactly as Commission
Notary Public- State of Indiana
Seal

My Commission Expires: March 4, 2027

Commission No: 0718963



LAUREN STATEN
Commission Number 0718963
My Commission Expires
March 4, 2027

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INDIANA USA DRIVER'S LICENSE

Star icon

EXPIRES 03/12/2028

SEX M HT 5'08" WT 175 HA BRN EYES BLU

1 THOMAS
2 RALPH EDWIN



2124 E 20TH AVE
GARY, IN 46407

SEX NONE HA NONE

DOB 03/12/1949

ISS 03/20/2024

03/12/49



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