NOT AN OFFICIAL DOCUMENT RECORDER 2024-030791

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

Ruthie

Goldsby Grinter

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024 Oct 28

1:52 PM

OCT 2.8 2024 PEGGY HOLINGA KATONA	
LAKE COUNTY AUDITOR	
Space above this line	for recorder's use only
Prepared By: Demetrice Goldsby Name: Lather Hall Hall Hall Hall Hall Hall Hall Hal	After Recording Return To: Grantoe Name: De Metrice Goldsby Address: 363 old Duneland Partway Say Endian 46103
taken reasonable care to redact each Social Security Number in this document, unless required by law	
INDIANA QUIT	CLAIM DEED
STATE OF INDIANA COUNTY	OUNE.
Goldsbyg Grantor	2
THIS INDENTURE WITNESSETH, that for and in	n consideration of the sum of
ma ac a so la	, residing at
(hereinafter known as the "Grantor(s)") hereby re	, whose mailing address is
following described real estate, situated in	
Branton & Ruthie Goldson	
esign Brantee & Demetrice	26ddsby Page 1 of 3

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45-08-04-153-028-000-004
- he South 221/2 feet of lot 30 and
the north 15 feet of Rot 31 in Block 18 in
Resuldrusion of Day hand Company
Thind Inliduous, In the lety of Ary.
on pr plut therof, crearles in Plat
3 tol 13, page 8, in the affect of the
[WRITE LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]
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

buthe Isolaby of	Nometh Hall
Grantor's Signature	Grantor's Signature
Ruthie Goldsby	De metrice Goldshy
Grantor's Name	Grantor's Name
364 Buchanns	366. 3ch mast
Street Address	Street Address
For Julen 1/2402	May Indian 46402
City, State & ZIP	City, State & ZIP
Butha Golds	700
Preparer's Signature	
Ruthie Goldsby	
Preparer's Name	40
	C'A

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.

Grantee's address/mailing address to which tax statements should be mailed is:

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STATE OF Indiana COUNTY OF FORTER	
I, the undersigned, a hereby certify that hereby 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 10196 9084 (mm/dd/yyyy).	
Oppund Care Saall	
ASHLEY NICOLE LIDDELL OFFICER	
Notary Public, State of Indiana SEAL OF Porter County Porter County	2
Commission Number NP0758802 My Commission Expires My Commission Expires September 15, 2032	_
40x	
4	
(Q ₀	
YQ4	
My Commission Express September 15, 2032	
eSign Bogg 3 of 3	

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Property of lake County Recorder