olivaria na mana na ma		ACOUNT PROPERTY	TO TOTAL	MANAGE TO SERVICE SERV		UIUI	(€\\$\\$\\$ \\$\\$	TO TO	OWW	Ontro
RE	LEASI	EOF	MEC	HAN	IC'S	LI	DIN.	i		
Who dobt accounted h	ar a antai			IEIII		200		e - N	AQIA	4/ T
The debt secured b	y a certain	n mech	anics	Lien ex	estiny		avor q	Jandeli Cara	unsiki	Y(.1
ROSKOWSKI on the following real es	LOUD OF	1503	gaanst 34	the		114	UF		¥4	
on the jollowing real es	state, to-w the	u:us Lake	Cour	wwii	MOSE.	er	/ CART	التال		******
Bh. 2					<u>wynr</u> R	ECO	RDER	ER.		
a written notice of an	intention	to hold	which	was fil	ed in	the	office	of	the Re	corde
	Count							_		i
									hamin	- L
fuller maid agid Macha		Reco							·	•
fully paid, said Mecha								itui	revease	a un
ALST.	day o	f	MGUS			-dC	00			
			9							_Sea
								/		Sec
State of Indiana.			ounty.	88:	7					
Before me M	arian.	万天	as Kou	18 th		a N	otary .	Publ	ic in a	rd fo
	42.5		215/	11111	•	4	\mathcal{I}	411	Xt-	
said County and State	, <i>uu</i> 8	·	7		_day	Q <i>J</i>		641 km	<u> </u>	
said County and State	, <i>Ul</i> 18		(/		day	QJ		gan.		
5 2000								g J		
acknowledged the execu	ution of th	e above	and for	regoing	release	 's		<i>U</i>		ry Publi
acknowledged the executive my hand and official so	ution of th	e above	and for Box	regoing	release	3 Ju	ku	·······		ry Publi
acknowledged the execu	ution of th	e above	and for Box	regoing bbie Man	release	3 L	ku • 200	·······		ry Publi



Official Stamp

Si

FILE

1000 060334

2000 AUS 21 PH 1: 39

MORRIS W. CARTER RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

	Name	MARION T. ROSKOWSKI
Add	dress	1960 Hickory Pa
City	StZip	HOBART, IN 46345
Telep	hone	9428970
Signature Pr	Inted	MARION T. ROSKOWSKI
Signature W		
Date of Sign	ature	8-21-00 MANAMENTE
Check Nu	mber	
Check Am	nount	

Office Use Only

Due	Amount Due <u> Yes</u>	i ∐No	
otal	Total		
tials	initials		



Official Stamp

-0 f m

FILED

1000 060334

2000 AUG 21 PH 1: 39

MORRIS W. CARTER RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name	MARION T. Reskowski
Address	
	HOBART, IN 46345
	9428970
	MARION T. Roskowski
Signature Written	Mosson T. Roskovelle
Date of Signature	8-21-00 MIANA
Check Number	
Check Amount	

Office Use Only

Check Equals Amount Due	☐Yes ☐No
Total	
Initials	