

CERTIFICATE OF SATISFACTION AND RELEASE OF LIEN

NORTH TOWNSHIP OF LAKE COUNTY INDIANA, a political subdivision of the State of Indiana ("Township") by and through G. Gregory Cvitkovich, Township Trustee, by Mary Jackson, Authorized Deputy, hereby releases and discharges that lien or other encumbrance dated _____ and recorded on June 1998 as document number 9804793 in the office of Recorder of Lake County, Indiana, made by Keith Turbin as owner of the following subject real estate located in Lake County, Indiana:

Hartman's Gardens Second Additions

South Half of Lot 6 Block 3

The common address of said property is 6730 Carolina Ave.,
Hammond In 46320

IN WITNESS WHEREOF, the undersigned on behalf of the Township has affixed his/her signature on the date written below.

DATE: 9-29-00

NORTH TOWNSHIP OF LAKE COUNTY, INDIANA
G. GREGORY CVITKOVICH, TOWNSHIP TRUSTEE

BY: Mary Jackson
Authorized Deputy

State of Indiana)
)SS
County of Lake)

BEFORE ME, a duly authorized Notary Public in said County and State appeared 9-29-00, a duly Authorized Deputy of G. Gregory Cvitkovich, North Township Trustee, and acknowledged execution of the foregoing instrument as his/her voluntary act and, being first duly sworn upon his/her oath, states that the facts recited therein are true.

IN WITNESS WHEREOF I have affixed my signature and notarial seal.

Virginia Carter
NOTARY PUBLIC

SEAL
Virginia Carter
NAME PRINTED

My Commission Expires: 4-2007
My County of Residence: LAKE

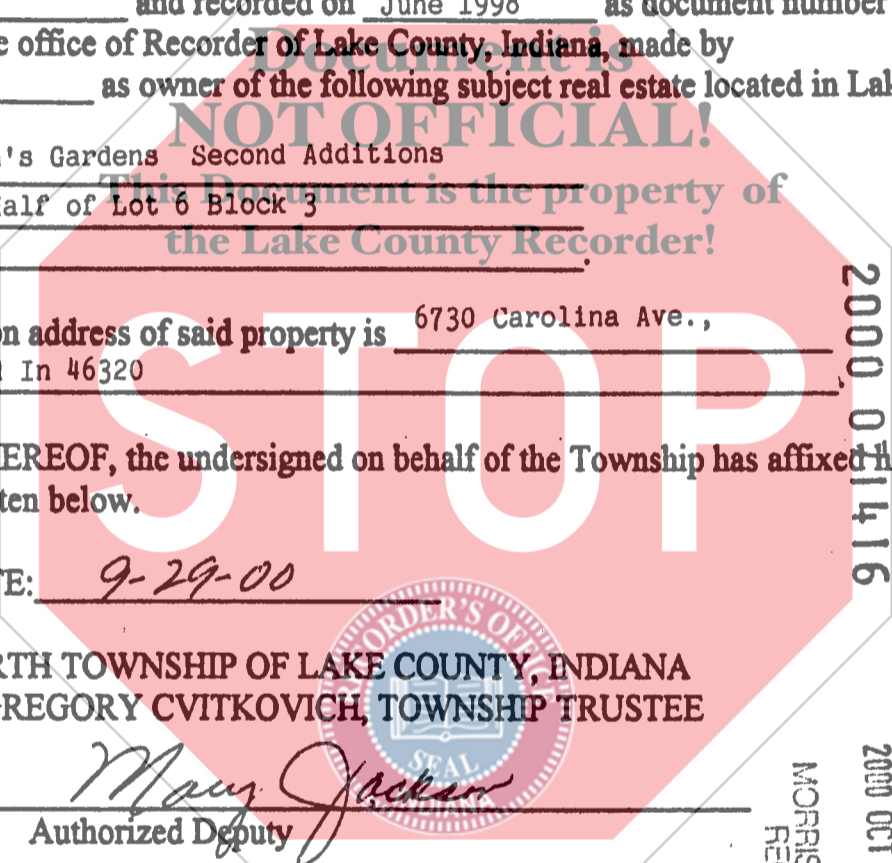


VIRGINIA M CARTER
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY

MY COMMISSION EXP. APR. 4, 2007

This instrument prepared by Anthony DeBonis, Jr., Attorney at Law, SMITH & DeBONIS, 9696 Gordon Drive, Highland, Indiana, 46322, (219) 922-1000.

11.00
E.P.
CS



2000 OCT 14 16

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MORRIS W. CARTER
RECORDER
2000 OCT -2 AM 11:08



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

16

2000 071417

2000 OCT -2 AM 11: 04

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 North Township Trustee Office

Address 5957 Johnson ave

City St Zip Hammond, Ind 46324

Telephone 219 932 2530

Signature Printed _____

Signature Written _____

Date of Signature _____

Check Number _____

Check Amount _____

CASH 22.00

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____