

2006 010066

2006 FEB -8 AM 9:14

MICHAEL A. BROWN
RECORDER

<p>Mortgagor's Name And Address</p> <p>MHI Development, LLC 2300 Ramblewood Drive, Suite A Highland, IN 46322</p> <p>("Mortgagor" whether one or more)</p>	<p>BANK CALUMET NATIONAL ASSOCIATION</p> <p>f/k/a Calumet National Bank 5231 Hohman Avenue Hammond, Indiana 46320</p> <p>("Mortgagee")</p>	<p>Return to:</p> <p>BANK CALUMET 5231 Hohman Avenue Hammond, Indiana 46320</p>
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PARTIAL RELEASE OF MORTGAGE

For good and valuable consideration, Mortgagee hereby releases from the lien of that certain mortgage given by Mortgagor dated the 10th day of May, 2004, recorded the 14th day of May, 2004, in the Office of the Recorder of Lake County, Indiana, as Document No. 2004 039690, (the "Mortgage") that portion of the mortgaged real property described as follows:

The North 1/2 of Lot 24, in Mesa Ridge, an Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 96 page 55, in the Office of the Recorder of Lake County, Indiana.

Common Address: 8409 Pierce Street, Merrillville, IN 46410

Provided, however, that nothing contained herein shall in any way affect the lien of the Mortgage on the remaining part of the mortgaged premises described in the Mortgage.

EXECUTED and delivered this 30th day of January, 2006.

Attest:

Brad C. Meyer, Vice President

Bank Calumet National Association

By: Steven R. Dahikamp

Its: Vice President

"Mortgagee"



TICOR TITLE INSURANCE
2050-45TH AVE.
HIGHLAND, IN 46322

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Davis

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STATE OF INDIANA)
LAKE COUNTY) SS:
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Before me, a Notary Public in and for the above County and State, personally appeared Steven R. Dahlkamp, the Vice President and Brad C. Meyer, Vice President of Bank Calumet National Association and acknowledged the execution of the foregoing Partial Release of Mortgage for and on behalf of Bank Calumet National Association, pursuant to the authority of the Board of Directors of said Bank, as their free and voluntary act and deed, and as the free and voluntary act and deed of said bank, for the uses and purposes set forth.

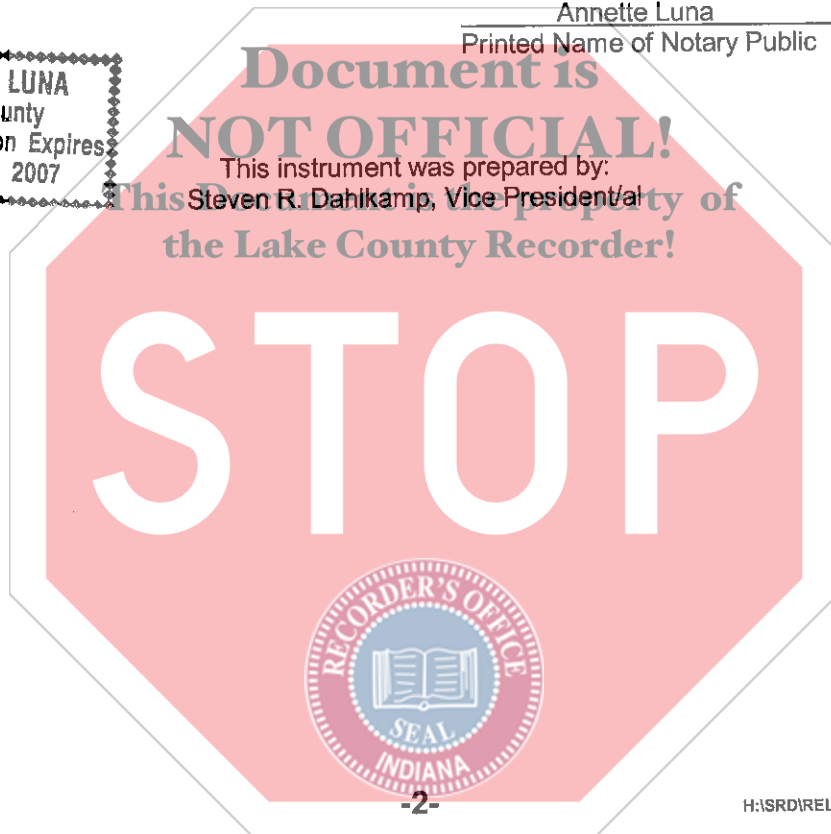
WITNESS my hand and Notary seal this 30th day of January, 2006.

My Commission Expires:
October 7, 2007


Signature of Notary Public

My County of Residence Is:
Lake County, Indiana.

Annette Luna
Printed Name of Notary Public



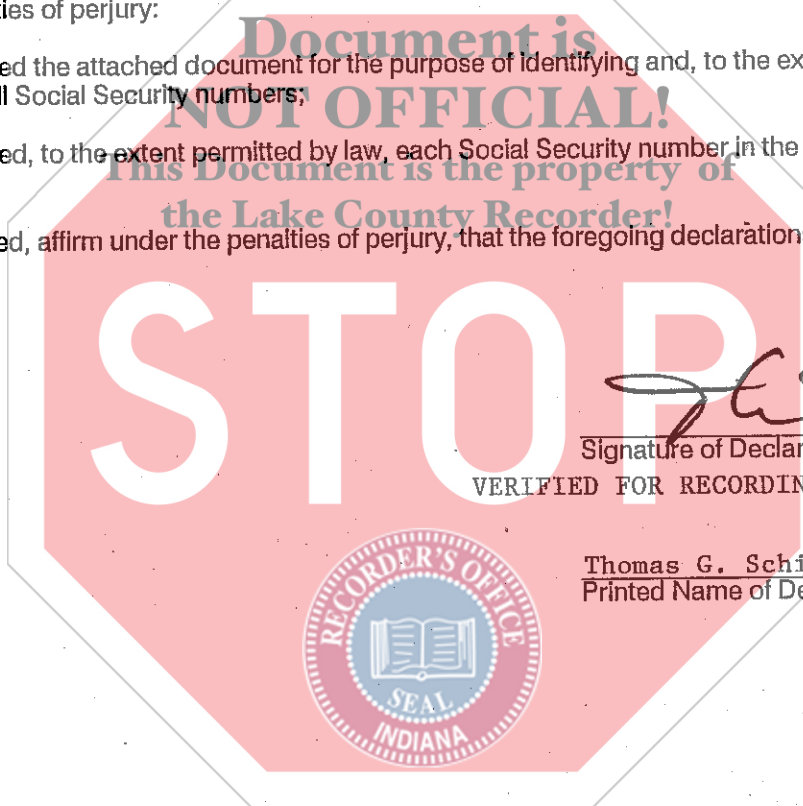
Declaration


This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.





Signature of Declarant

VERIFIED FOR RECORDING BY TICOR TITLE

Thomas G. Schiller
Printed Name of Declarant