

Prescribed by the
State Board of Accounts
(2005)

County Form 170

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, reacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

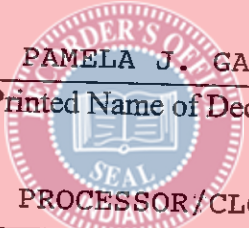
I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

STOP

Verified by:

Signature of Declarant

PAMELA J. GALINIS
Printed Name of Declarant


PROCESSOR/CLOSER
Job Title of Declarant

Stewart Title Services of Northwest Indiana, LLC