STATE OF MALAS LAKE COUNTY FILED FOR RECORL

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MICHAEL A BROWN Release of Mechanic's Lienord

The debt secured by a certain Mechanic's Lien existing in favor of UNITED SERVICES, a div. of U.S. Contractors, Inc. and against Nick and Helen Kaiafas on the following real estate, to-wit: 6733 - 6737 Kennedy Avenue, Hammond, Indiana Key # 26-34-43-1 a written notice of an intention to hold which was filed in the office of the Recorder of County, State of Indiana and recorded on page N/A Lake Record No. 2006-002617 Crown Point, Indiana 46307 in in said county, having been fully paid, said Mechanic's Lien is hereby declared fully satisfied and released this: 2006 February day of Firm Name and Address of Lienor: the Lake County Kecorder United Services DKI, a div of U.S. Contractors, Inc. 500 E. Ridge Rd., Griffith IN 46319-1146 "OFFICIAL SEAL" KELLY R. HENDERSON Ву Notary Public-Indiana Partner or Officer) LAKE COUNTY (Signature of My Commission Expi THOMAS BROERTJES **Printed** August 2, 2006 STATE OF INDIANA COUNTY OF LAKE SS: Before me, a Notary Public in and for said County and State, personally appeared THOMAS BROERTJES and acknowledged the execution of the above and foregoing release. 2006 14th **February** WITNESS my hand and Notarial Seal this day of This instrument prepared by: **UNITED SERVICES DKI Notary Public** a div. of U.S. Contractors, Inc. 500 E. Ridge Rd., Griffith IN 46319-1146 8/2/2006 My commission expires: f:\msdata\usforms\Excel\NIHML.xls

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Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

Document is

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 herby 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 number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

Signature of Declarant

TATRICIA 37%.
Printed Name of Declarant