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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 018365

2006 MAR -6 AM 9:00

MICHAEL A. BROWN
RECORDER

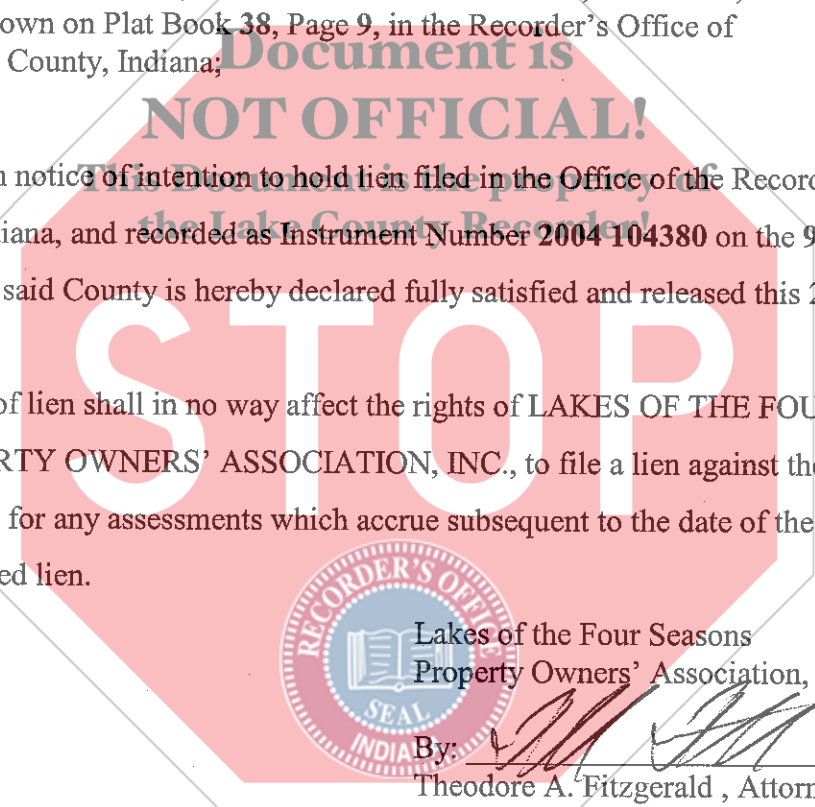
RELEASE OF LIEN

For a valuable consideration, the receipt for which is hereby acknowledged, a certain lien existing in favor of LAKES OF THE FOUR SEASONS PROPERTY OWNERS' ASSOCIATION, INC., and against:

John T. Young
3129 Devonshire Circle
Crown Point, IN 46307

on the following described real estate, to-wit:

Lot Numbered **732**, in Lakes of the Four Seasons, Unit No. 7, as shown on Plat Book **38**, Page **9**, in the Recorder's Office of Lake County, Indiana;



pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Lake County, State of Indiana, and recorded as Instrument Number **2004 104380** on the **9th** day of December, 2004, in said County is hereby declared fully satisfied and released this **2nd** day of March, 2006.

The release of lien shall in no way affect the rights of LAKES OF THE FOUR SEASONS PROPERTY OWNERS' ASSOCIATION, INC., to file a lien against the hereinabove described real estate for any assessments which accrue subsequent to the date of the filing of the hereinabove described lien.

Lakes of the Four Seasons
Property Owners' Association, Inc.

By: 
Theodore A. Fitzgerald, Attorney in Fact

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public, in and for said County and State, this **2nd** day of March, 2006, personally appeared Theodore A. Fitzgerald Attorney in Fact for Lakes of the Four Seasons Property Owners' Association, Inc., and for and on its behalf acknowledged the execution of the above and foregoing release.

Witness my hand and notarial seal.


Notary Public

My Commission Expires: *Nov 8, 2006*

Resident County: *Porter*

This Instrument prepared by : Theodore A. Fitzgerald, P.O. Box 98, Hebron, IN

46341



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M.V.
09/17/06*

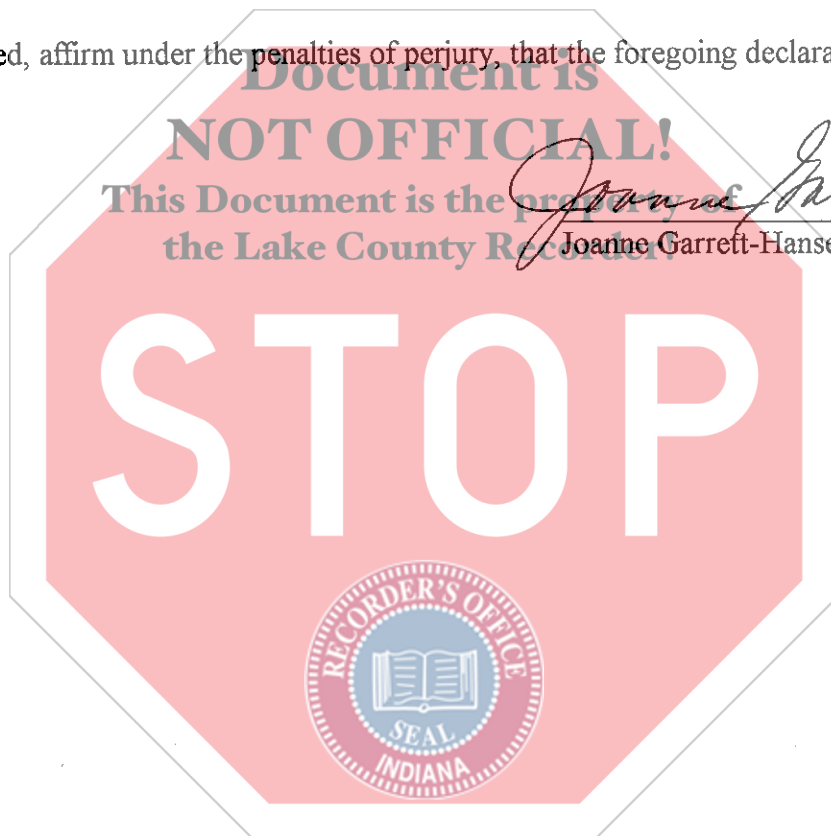
Declaration

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.



Joanne Garrett-Hansen
Joanne Garrett-Hansen, Declarant