Mail to:

THIS FORM HAS BEEN APPROVED BY THE INDIANA STATE BAR ASSOCIATION FOR USE BY LAWYERS ONLY. THE SELECTION OF A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTION OF SPECIAL CLAUSES, CONSTITUTES THE PRACTICE OF LAW AND MAY ONLY BE DONE BY A LAWYER.

## **RELEASE OF MORTGAGE**

For valuable consideration, it is certified that a certain mo	rtgage executed by	
CLARENCE O. PIC	KETT and	
DINISCH PICKETT, HUSBAND an	d WIFE	on the 19th
ay of December 1996, securing the principal sur	n of	
		Dollars (\$ 2,000.00
which mortgage was duly recorded (as Document Number		
i [surg sprijke k <u>xxxxxxxxxx</u> (s)sprijke gree]	n the office of the Recorde	r of LAKE
County, Indiana, on 19th day of December		•
day of, 19to		
Tumber		
xxxxxxxxx kstrikex one kin the Office of the Recorder of	ient is	
	H'I ( ) A I .V	
day of, 19		
Dated this the day of e Cour	ty Recorder! 19	
×	Asspil Tu	ckett N
	LESLIE PICKETT	
		73
TATE OF INDIANA, COUNTY OF LAKE	SS:	
		11
Before me, the undersigned, a Notary Public in and for sa		nany appeared S
LESLIE PI	CKETT	
nd acknowledged the execution of the foregoing Release of M	ortgage to be his, her or the	ir voluntary act and deed
Witness my hand and notarial seal this 14 TH day of	MAY	_, <b>ූ 2 වෙ</b> ට්
My commission expires:	±"	
Ty commission expires.		NOTARY PUBLIC
		County.
STATE OF NO ME COUNTY OF ME		
Before me, the undersigned, a Notary Public in and for sa	γ	nally appeared,
neand		respectively
$\mathbf{f}$		, who acknowledged the
xecution of the foregoing Release of Mortgage as such officers s board of directors, and who having been duly sworn, stated the	, for and on the behalf of sa	aid corporation and by authority of
Witness my hand and notarial seal this day		19/10/
	$\overline{II}$	hall !
County Public, State of Indiana	- <del>- 1</del>	NOTARY PUBLIC
My Commission Expires 03/25/2008	Resident of	County.
This instrument was prepared by JOS. S. IRAK, 50 (219) 769-4552		M'ville,, Mtorney At Law
Attorney Identification No. 4851-45		70710

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

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

Signature of Declarant

Printed Name of Declarant