

STATE OF INDIANA
CERTIFICATE OF AMENDMENT

FILED FOR RECORD

2006 022225

2006 MAR 17 PM 9:57

To amend the Utility Easement affecting the final recorded plat of Community Resources, Inc. an addition to the Town of Munster, Lake County, Indiana, as recorded in plat book 98, page 50 in the Office of the Recorder of Lake County, Indiana. As per the request of Northern Indiana Public Service Company.

Add the following utility easements: The North 7.5 feet of Lot 11

The South 7.5 feet of Lot 10

The Northeasterly 10 feet of Lot 114

The Westerly 10 feet of the Park Area.

STATE OF INDIANA)
COUNTY OF LAKE)

I, Gary P. Torrenza, hereby certify that I am a Registered Professional Engineer and Land Surveyor licensed under the Laws of the State of Indiana, that I have prepared this Certificate of Amendment for the purposes stated hereon, and that the information herein is true and correct to the best of my knowledge and belief.

Witness my hand and Seal this 3rd day of March, 2006.


Gary P. Torrenza, Registered Indiana Land Surveyor #S0514

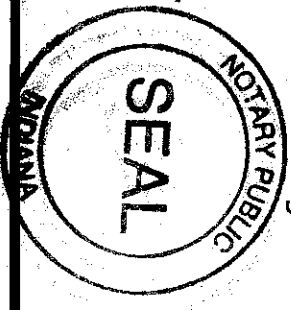
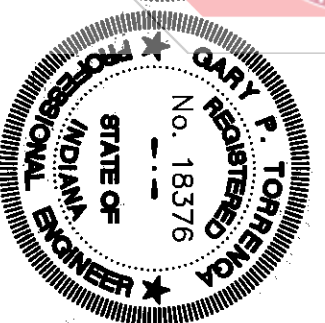
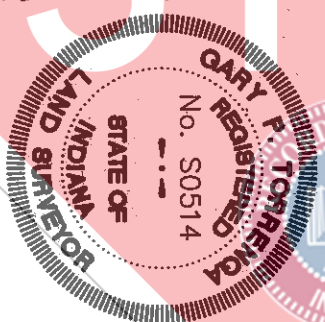
STATE OF INDIANA)
COUNTY OF LAKE)

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me, the undersigned Notary Public, in and for the County and State aforesaid, did this day appear Gary P. Torrenza, personally known to me as the same person who signed the attached certificate, and did acknowledge to me the execution of this instrument as his free and voluntary act and deed.

Witness my hand and Notarial Seal this 3rd day March, 2006.

County of Residence: Lake Notary Public Kim R. Strug
My Commission Expires: 3/30/2011



138
2225
005729

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, 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

GARY P. TORRENCA
Printed Name of Declarant