

**CERTIFICATE OF AMENDMENT**

To ~~amend~~ <sup>add</sup> the ~~Utility Easements~~ <sup>Utility Easements</sup> affecting the final recorded plat of Autumn Creek, Block Three, an addition to the Town of Schererville, Lake County, Indiana, as recorded in Plat Book 98, Page 80 in the Office of Recorder of Lake County, Indiana. As per request of the Owner and Northern Indiana Public Service Company.

Add the following utility easements: The North 7.5 feet of Lots 1, 6, 7 and 12.  
The South 7.5 feet of Lots 2, 5, 8 and 11.  
The West 10 feet of Lot 12.

STATE OF INDIANA ) §  
COUNTY OF LAKE )

I, Gary P. Torrenga, 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.

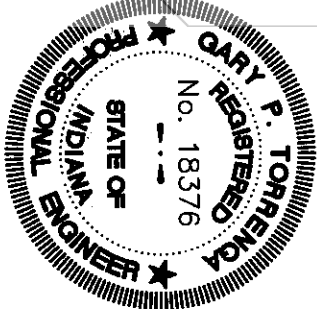
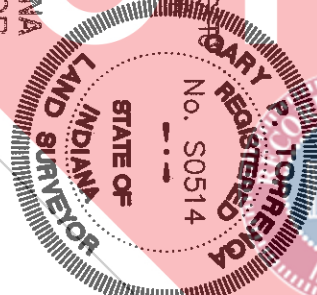
Witness my hand and Seal this 3RD day of March

Gary P. Torrenga  
Gary P. Torrenga, Registered Indiana Land Surveyor #S0514

STATE OF INDIANA ) §  
COUNTY OF LAKE )

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

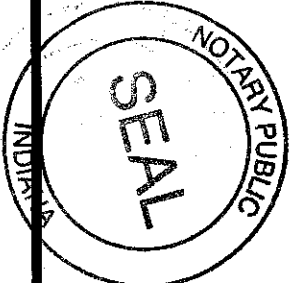
MAR 15 2006



Before me, the undersigned Notary Public, in and for the County and State aforesaid, did this day appear Gary P. Torrenga, 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



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2/26/22  
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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. TORBENGA  
Printed Name of Declarant