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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**RELEASE AND SATISFACTION OF MORTGAGE**

**2006 022455**

2006 MAR 17 PM 1:56

**THIS CERTIFIES** that a certain Mortgage executed by CALUMET PARK CEMETERY CORPORATION, as mortgagor, to THE LEONARD WOODS TRUST, as mortgagee, on the 21st day of September, 2001, securing payment of a debt in the principal sum of One Hundred Sixty-Five Thousand Six Hundred and No/100 Dollars (\$165,600.00) and recorded on the 28th day of September, 2001, as Document Number 2001-078603 in the Office of the Recorder of Lake County, State of Indiana, has been fully paid and the same is hereby released as to the following-described real estate:

The South 13 acres of the North 52 acres of the East half of the Northeast Quarter of Section 18, Township 35 North, Range 8 West of the Second Principal Meridian, in lake county, Indiana.

Commonly known as: 7205 Hendricks Street, Merrillville, Indiana

Parcel Number 15-0117-0024.

**WITNESS** my hand and seal this 15<sup>th</sup> day of February, 2006.

*Leah Ruth Kensey*  
Leah Ruth Kensey, Trustee,  
The Leonard Woods Trust

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Leah Ruth Kensey, who acknowledged the execution of the foregoing Release and Satisfaction of Mortgage as her voluntary act and deed this 15<sup>th</sup> day of February, 2006.

**IN WITNESS WHEREOF**, I have affixed my hand and notary seal.



*Doreen T. Deprizio*  
Doreen T. Deprizio, Notary Public

My Commission Expires: May 18, 2013  
County of Residence: Lake

This instrument prepared by Peggy Jo Stamper, Attorney at Law  
209 South Main Street, Crown Point, Indiana 46307

CS  
13.00  
D.D.M.

Prescribed by the  
State Board of Accounts  
(2005)

County Form 170

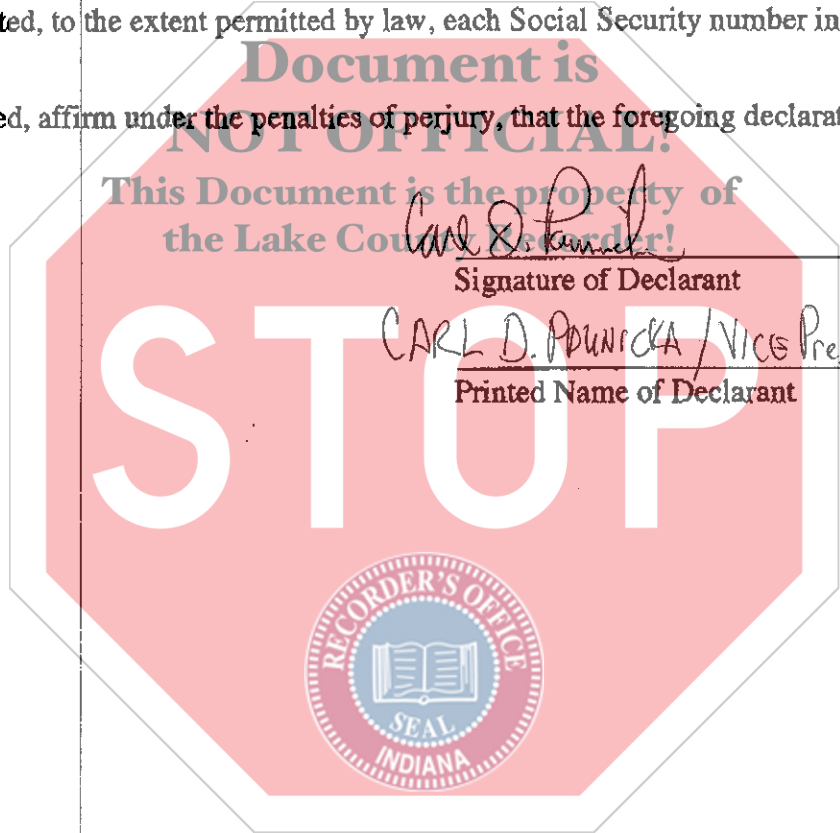
Declaration

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 §6-2-7.5 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.



*Carl D. Punicca*

Signature of Declarant

CARL D. PUNICCA / VICE President - Treasurer

Printed Name of Declarant