2.

STATE OF INDIANA
COUNTY OF LAKE

620058767

  The undersigned, for and on behalf of the City, of East Chicago, Indiana, hereby waives any and all claims for reimbursement and any lien it may have by reason of the demolition of buildings upon the property set forth bellow pursuant to an order of the Board of Public Safety of the City of East Chicago, Indiana dated September 28, 1988, and Recorded in Lake County, Indiana on May 25, 1989under document No. 038648, which said property is described as follows:

  Lot 37, and the West Half of Lot 36, in Block 9, in Subdivision of Block 3,4,9 and the North Half of Block 10, in Subdivision of the West 1,317.5 feet of the Northeast Quarter of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian, except the East 50 feet of the South 124 feet of said Block 9, and except right of way of the State Line and Indiana City Railway, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5 page 13, in the Office of the Recorder of Lake County, Indiana.

  Also commonly known as 505 Emlyn Avenue, East Chicago, Indiana

Nathaniel Ruff
Corporation Counsel
City of East Chicago

Subscribed and sworn to before me this ___6___ day of ___March___, 2006.

Prepared By William A Kowalski
Attorney at Law

Enedina Rodriguez
Notary Public

ENEDINA RODRIGUEZ
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JUNE 1,2009

2006 022680

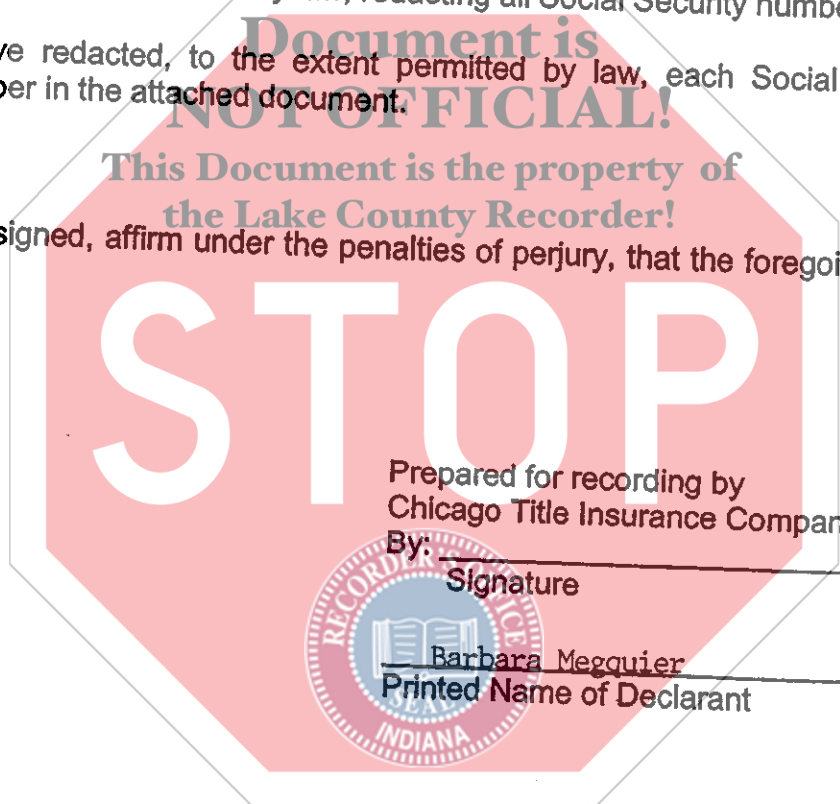## DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under 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.

Prepared for recording by
Chicago Title Insurance Company
By: _____
Signature

_____Barbara Megquier_____
Printed Name of Declarant