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LAKE COUNTY
FILED FOR RECORD

2006 022799

2006 MAR 20 PM 1:59

MICHAEL BROWN
RECORDER

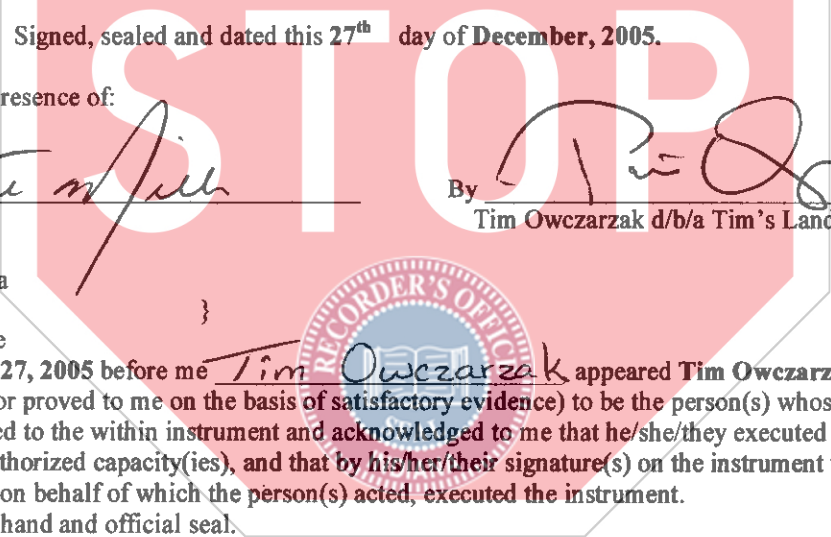
A335-10

WAIVER OF LIEN

KNOW ALL MEN BY THESE PRESENTS: That I, the undersigned, **Tim Owczarzak, President of Tim's Landscape Services, Inc.** for and in consideration of **Nine thousand six hundred thirty dollars and 30/100Dollars (\$9,630.30)** and other good and valuable consideration, to me paid, the receipt whereof is hereby acknowledged, do hereby waive, release, remise and relinquish any and all right to claim any lien or liens for work done or material furnished, or any kind or class of lien whatsoever on the following

described property: Lot 213, in White Hawk Country Club an addition to the City of Crown Point, Lake County, Indiana, recorded in Plat Book 89, page 68, in the Office of the Recorder of Lake County, Indiana, aka 1506 Chalone Court Crown Point, Indiana.

Title owner of said property: **Gallas Residence
1506 Chalone Court
Crown Point, IN 46307**



Signed, sealed and dated this 27th day of December, 2005.

Signed in the presence of:

Steve Miller
Witness

By Tim Owczarzak
Tim Owczarzak d/b/a Tim's Landscape Services

State of Indiana }

County of Lake

On **December 27, 2005** before me Tim Owczarzak appeared **Tim Owczarzak**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Maria Moricz
Signature of Notary

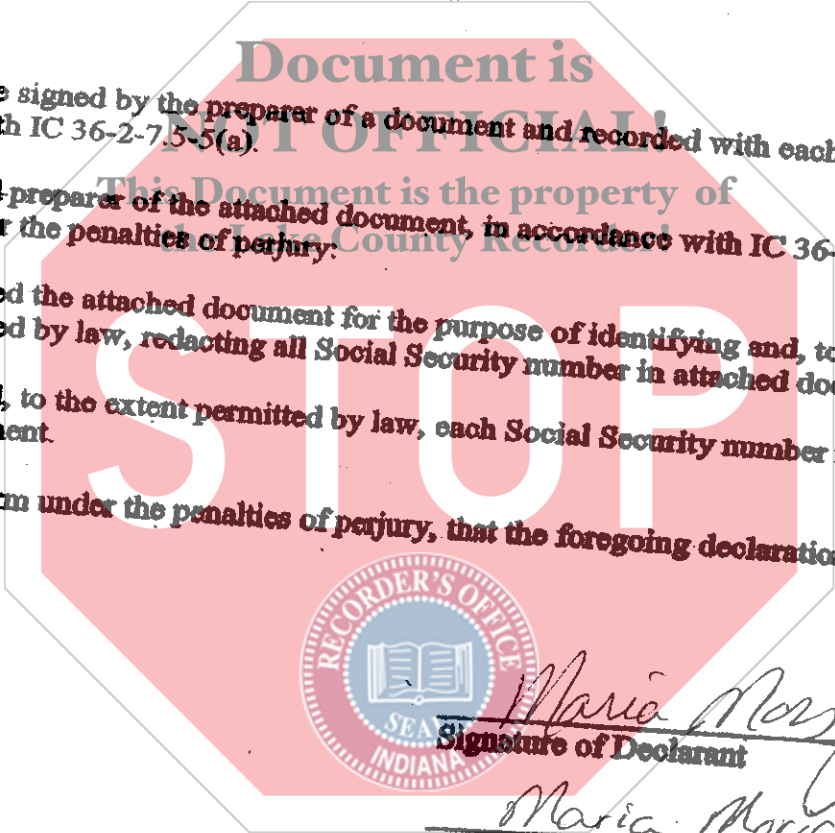
Affiant Known Produced ID
Type of ID
(Seal)

125
20427

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.



Maria Moriz
Signature of Declarant

Maria Moriz
Printed Name of Declarant