

RE: MARY E. SMITH, 3660 Madison Street, Gary, Indiana 46408
REHABILITATION/UCT PROGRAM

ACKNOWLEDGEMENT

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, appeared Letty Almodovar, personally known to me to be the Director of the Department of Community Development, City of Gary, Indiana, and after being by me first duly sworn, deposes and says that she has the full binding authority to execute this Waiver, Release, Remise and Satisfaction of Lien, and acknowledged the execution of same to be her voluntary act and deed.

Witness my hand and notarial seal this 21st day of March, 2006.

My Commission Expires April 14, 2010

Brenda Halliburton
Notary Public's Signature

Resident: Lake County

Brenda Halliburton
(Printed Name)

This instrument prepared by Luci L. Horton, Attorney No. 7785-45
City of Gary, Indiana Law Department, 401 Broadway - 4th Floor, Gary, IN 46402

**RETURN TO: COMMUNITY DEVELOPMENT DEPARTMENT
ATTENTION: BRENDA HALLIBURTON
201 EAST 5TH AVENUE, Suite E
GARY, INDIANA 46402**

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.



Brenda Halliburton
Signature of Declarant

Brenda Halliburton
Printed Name of Declarant