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MICHAEL A. BROWN
RECORDER

<p>Mortgagor's Name And Address</p> <p>CAPTIVA DEVELOPMENT, INC. 1313 WHITE HAWK DRIVE CROWN POINT, IN 46307</p> <p>("Mortgagor" whether one or more)</p>	<p>BANK CALUMET NATIONAL ASSOCIATION f/k/a Calumet National Bank 5231 Hohman Avenue Hammond, Indiana 46320</p> <p>("Mortgagee")</p>	<p>Return to:</p> <p>BANK CALUMET 5231 Hohman Avenue Hammond, Indiana 46320</p>
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PARTIAL RELEASE OF MORTGAGE

For good and valuable consideration, Mortgagee hereby releases from the lien of that certain mortgage given by Mortgagor dated the 31st day of August, 2004, recorded the 2nd day of September, 2004, in the Office of the Recorder of Lake County, Indiana as Document No. **2004075119**, (the "Mortgage") that portion of the mortgaged real property described as follows:

Lot 61, Feather Rock, Phase 1, being a subdivision in the Northeast Quarter and the Southeast Quarter of Section 19, Township 34 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana as recorded in Plat Book 96, page 36, in the Office of the Recorder, Lake County, Indiana.

Provided, however, that nothing contained herein shall in any way affect the lien of the Mortgage on the remaining part of the mortgaged premises described in the Mortgage.

EXECUTED and delivered this 24th day of February, 2006.

Attest:

J. Daniel Shelby, Vice President

Bank Calumet National Association

By:

Lisa J. Anderson

Its:

Vice President

"Mortgagee"



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CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA

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)SS:
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LAKE COUNTY

Before me, a Notary Public in and for the above County and State, personally appeared Lisa J. Anderson, Vice President and J. Daniel Shelby, Vice President of Bank Calumet National Association and acknowledged the execution of the foregoing Partial Release of Mortgage for and on behalf of Bank Calumet National Association, pursuant to the authority of the Board of Directors of said Bank, as their free and voluntary act and deed, and as the free and voluntary act and deed of said bank, for the uses and purposes set forth.

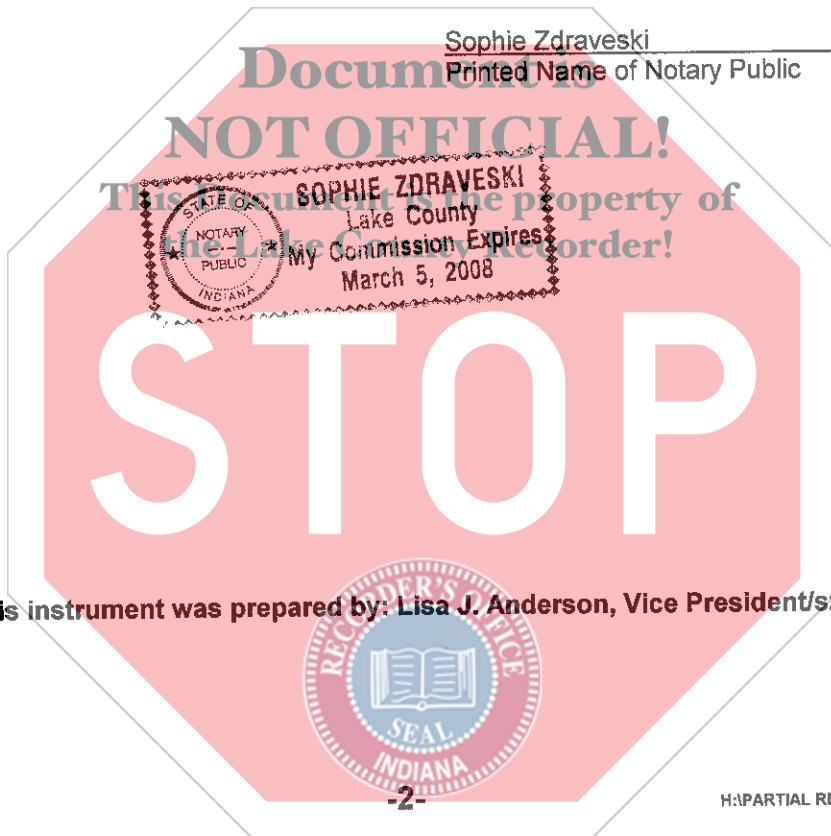
WITNESS my hand and Notarial seal this 24th day of February, 2006.

My Commission Expires:
March 5, 2008

Sophie Zdraveski
Signature of Notary Public

My County of Residence Is:
Lake County, Indiana.

Sophie Zdraveski
Printed Name of Notary Public



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 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.



Signature of Declarant

Lisa J. Anderson, Vice President

Printed Name of Declarant