

2006 024826

2006 MAR 27 AM 9: 45

MICHAEL A BROWN RECORDER

20061590	LD		
	Recorded County Auditor's fee \$	Received for record this, 20, 20, at, o'clock, M., and recorded in Mortgage Record No	Release of Mortgage DEMOTTE STATE BANK PO BOX 346 LOWELL, IN 46356 To NULIFE VENTURES, INC. PO BOX 3 CROWN POINT, IN 46307

SATISF	ACTION OF MORTGAGE			
This Certifies, That a certain Mortgage executed by NULIFE VENTURES, INC. AN INDIANA CORPORATION				
	to DEMOTTE STATE BANK			
on 12TH	day of 0CTOBER , 2005 , calling for \$ 22,000.00			
and recorded in Mortg	age Record No, Page, Document No. 2005 094686,			
LAKE County, State of Indiana, has been fully paid and satisfied, and the same				
WITNESS HIS hand and seal S , this 15TH day of MARCH , 2006 DEMOTTE STATE BANK CUY A/ CARL SCN, EXEC VP & BRANCH MANAGER State of Indiana, LAKE County ss,				
Before me, the undersigned, a Notary Public in and for said County,				
th				
PERSONALLY APPEARED GUY A. CARLSON, EXECUTIVE VICE PRESIDENT AND BRANCH MANAGER OF DEMOTTE STATE BANK LOWELL BANKING CENTER acknowledged the execution of the appeared satisfaction of mortgage				
Witness my Hand and official seal. Heather Fine Notary Public				
R	esident of LAKE HEATHER F. TATE County			
My Commission expires 1-24-2013				
This instrument prepared by: HEATHER F. TATE, LOAN SECRETARY				

PLEASE RETURN TO: DEMOTTE STATE BANK po box 346

LOWELL, IN 46356

(7) S X 35 8 7

Prescribed by the State Board of Accounts (2005)

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.

This Document is the partierty of the Lake Counsignature of Declarant

Printed Name of Declarant