10.



## AFFIDAVIT TO REMOVE EXPIRED MORTGAGE LIEN

Willie Watkins, as being duly sworn upon their oath, disposes and says:

1.	That he is a resident of LAKE COUNTY,:
2.	That he is the Owner of record, to the following described Real Estate, to wit:  Legal Description: Lots 8, 9 and 10, in Block 2, in Reeves Addition to the City of Gary, as per platereof, recorded in Plat Book 29, Page 105, in the Office of the Recorder of Lake County, Indiana.
	Book 29, 1 age 105, in the Office of the Recorder of Lake County, Indiana.
3.	That there appears on the record a certain mortgage described as follows, to-wit:
4.	Mortgage dated September 29, 1986 and recorded October 17, 1986 in the Office of the Recorder bi-Lake County, Indiana, as Document No.880800 made by and between Willie Watkins, Owner of record, to Gainer Bank, National Association, to secure an indebtedness of \$76,400.00, with maturity date of October 1, 1997.
5.	That said mortgage has been paid in full.
6.	That, in addition, said mortgage was recorded more than twenty years, and shows a date when the last installment of the debt became due as October 1, 1997. Said dated of expiration have passed, with no further action on said premises.
7.	That, according to statue I.C. 32-8-4-1 and 2, which indicates that a mortgage lien expires 10 years from the date of last installment or if there is no indiction as to when the last installments is due, 20 years from the date of said mortgage. IC 32-8-4-2, said lien has ceased and has expired.
8.	That, Willie Watkins, as now requests the RECORDER OF LAKE COUNTY, INDIANA, to certify on the record that said mortgage is fully paid and satisfied by the lapse of time, and such real estate is released from the lien holder thereof.
9.	That, this affidavit is made for the purpose of obtaining release of old mortgage lien by reason of lapse time.

Further: Affiants sayeth naught.

Dated: 2-28-208

Subscribed and sworn to before me, the undersigned Notary Public in and for State of Indiana,

Dated: Jeliuare 28 2008

COMMISSION EXPIRES: 12-13 2009

RESIDENT OF: Author County

RESIDENT OF: Author County

RESIDENT OF: Author County

Printed Name of Notary

Moaue 1-20 2009

Printed Name of Notary

**SEAL** 

I affirm under penalty of perjury that I have taken reasonable care to Redact each Social Security Number unless required by Law

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