

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 062556

2010 OCT 27 PM 2:10

MICHELLE R. FAJMAN
RECORDER

RELEASE OF MECHANIC'S LIEN

This is to certify that a certain claim by Graham's Trucking & Excavating, Inc.
14445 Morse St. Cedar Lake, In 46303

against Michael Rink, in connection with
which a Notice of Intention to Hold Mechanic's Lien was executed the 19th day of October,
20 10, and recorded on the 19th day of October, 20 10.

2010 060789, in the office of the Recorder of Lake County,
(insert recording reference)
Indiana, has been fully paid and satisfied and said lien is hereby released this 27th day of October, 20 10.

Signature Sarah E. Wiese Signature _____
Printed Sarah E. Wiese Printed _____

(Individual Acknowledgment)

STATE OF INDIANA)
) SS:
COUNTY OF _____)
Before me, a Notary Public in and for the State of Indiana and a resident of _____ County, Indiana,
personally appeared _____, who acknowledged execution of the foregoing Release of
Mechanic's Lien.

Witness my hand and Notarial Seal this _____ day of _____, 20 _____.

My commission expires: _____
(Signature)
_____, Notary Public
(Printed)

(Organizational Acknowledgment)

STATE OF INDIANA)
) SS:
COUNTY OF _____)
Before me, a Notary Public in and for the State of Indiana and a resident of Lake County, Indiana,
personally appeared Sarah E. Wiese, the Agent of
Graham's Trucking & Excavating, Inc., a(n) agent who acknowledged execution
of the foregoing Release of Mechanic's Lien as such agent for and on behalf of
said company.

Witness by hand and Notarial Seal this 27th day of October, 20 10.

My commission expires 6.19.2014
Patricia G Snure (Signature)
Patricia G Snure (Printed), Notary Public

Patricia G Snure
Notary Public Seal State of Indiana
Lake County
My Commission Expires 06/19/2014

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."

Sarah E. Wiese (Signature) Sarah E. Wiese (Printed)

This instrument was prepared by Sarah E. Wiese

AMOUNT \$ 1200
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK RN