STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAR 15 AM 10: 57

MIC.... ....JMAN
RECORDER

2011 014427

RELEASE OF SEWER LIEN

TO THE RECORDER OF LAKE COUNTY, INDIANA:

Pursuant to IC 36-9-23, the undersigned District Manager of Lake Dalecarlia Regional Waste District, a municipal corporation formed and acting pursuant to IC 13-26, hereby certifies that a certain Notice of Lien for Delinquent Sewer Account, made by Lake Dalecarlia Regional Waste District, dated the 21st day of July, 2010, and recorded in the Office of the Lake County Recorder on the 3rd day of August, 2010, as document number 2010 044380 against the the property commonly described as 5512 Vasa Terrace, Lowell, Indiana, and more particularly described as follows, to-wit:

DALECARLIA W'LY TRIPT L. 50 & ALL LOT 51 BL. 5

Old Property Number: 02-03-0086-0051

New Property Number: 45-19-12-252-019.000-007

Owner(s): Richard & Charlan Jacobson

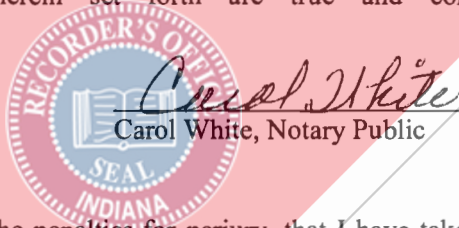has been fully paid and satisfied, and said lien is hereby released.

Nicole Walkowiak, District Manager
telephone: (219) 696-4035

CAROL WHITE
Lake County
My Commission Expires
July 15, 2016

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, personally appeared Nicole Walkowiak, who acknowledged the execution of the foregoing Release of Sewer Lien, and who, having been duly sworn, under the penalties of perjury, stated that the facts and matters therein set forth are true and correct, this ___11___ day of ___February___, 2011.

My Commission Expires: July 15, 2016
Resident of Lake County, Indiana

Carol White, Notary Public

Pursuant to IC 36-2-11-15, 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.

Signature: Nicole Walkowiak Date signed: ___2-11-11___
Printed: Nicole Walkowiak

Return this document to: Lake Dalecarlia Regional Waste District
15901 Briargate Place
Lowell, Indiana 46356

This instrument prepared by Timothy R. Sendak, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307

AMOUNT $ ___12.00___
CASH _____ CHARGE _____
CHECK # ___013476___
OVERAGE _____
COPY _____
NON-COM _____
CLERK ___12___