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2011 MAR 24 AM 10:51

MICHAEL J. MAN
RECORDER

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 November, 2009, and recorded in the Office of the Lake County Recorder on the 3rd day of December, 2009, as document number 2009 080299 against the the property commonly described as 6300 Main Street, Lowell, Indiana, and more particularly described as follows, to-wit:

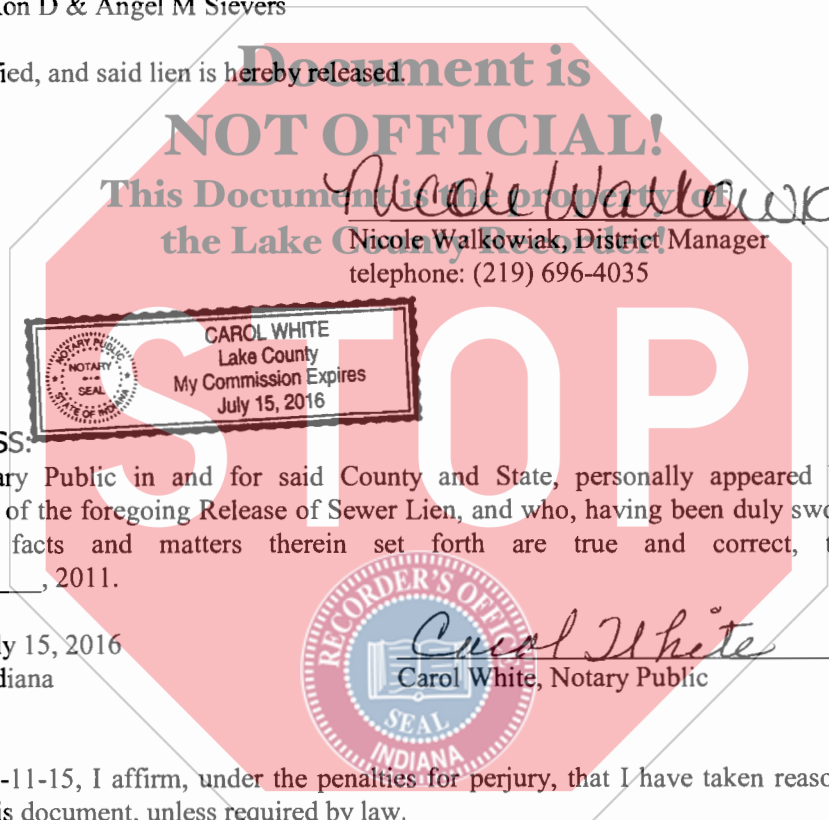
DALECARLIA L.69 BL.23

Old Property Number: 02-03-0147-0069

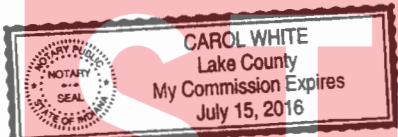
New Property Number: 45-19-12-153-013.000-007

Owner(s): Ron D & Angel M Sievers

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



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



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 21 day of March, 2011.

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



Carol White
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: 3-21-11
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 # 013492
OVERAGE _____
COPY _____
NON-COM _____
CLERK UR