STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 042929

2011 AUG 10 PM 2:13

MICHELLE R. FAJMAN
RECORDER

RELEASE OF LIEN

For a valuable consideration, the receipt for which is hereby acknowledged, a certain lien existing in favor of LAKES OF THE FOUR SEASONS PROPERTY OWNERS' ASSOCIATION, INC., 1048 Lake Shore Drive, Crown Point, IN 46307 and against:

Daniel P. Lukas
3966 Windy Hill
Crown Point, IN 46307

on the following described real estate, to-wit:

Lot Numbered **1352,** in Lakes of the Four Seasons, Unit No. **8**, as shown on Plat Book **38**, Page **88**, in the Recorder's Office of Lake County, Indiana; Commonly known as 3966 Windy Hill, Crown Point, IN

pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Lake County, State of Indiana, and recorded as Instrument Number **2010-052024** on the 9th day of September, 2011, in said County is hereby declared fully satisfied and released this 8th day of August, 2011.

Document is
NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP

The release of lien shall in no way affect the rights of LAKES OF THE FOUR SEASONS PROPERTY OWNERS' ASSOCIATION, INC., to file a lien against the hereinabove described real estate for any assessments which accrue subsequent to the date of the filing of the hereinabove described lien.

Lakes of the Four Seasons
Property Owners' Association, Inc.

By: _____
Theodore A. Fitzgerald, Attorney in Fact

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public, in and for said County and State, this 8th day of August, 2011, personally appeared Theodore A. Fitzgerald Attorney in Fact for Lakes of the Four Seasons Property Owners' Association, Inc., and for and on its behalf acknowledged the execution of the above and foregoing release.

Witness my hand and notarial seal.

Joanne Garrett-Hansen Notary Public
Resident County: Porter

My Commission Expires: November 8, 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.

This Instrument prepared by : Theodore A. Fitzgerald, P.O. Box 98, Hebron, IN

AMOUNT $ 12
CASH _____ CHARGE _____
CHECK # 6543
OVERAGE _____
COPY _____
NON-COM _____
CLERK CA

E