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MR. J. J. HUMAN
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, Indiana and against:
PHILLIP C & KAREN NORMAN
c/o Washington Mutual Bank
PO Box 100563
Florence, SC 29501

on the following described real estate, to-wit

Lot Numbered **302**, in Lakes of the Four Seasons, Unit No. **2**, as shown on Plat Book **37**, Page **76**, in the Recorder's Office of Lake County, Indiana; Commonly known as 3052 Sunrise Dr., Crown Point, IN as well as on all buildings, other structures and improvements located thereon or connected therewith.

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 **2008-054984** on the 31st day of July, 2008, in said County is hereby declared fully satisfied and released this 4th day of September, 2012

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.

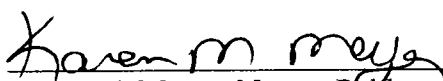
By: 
Brian E. Less, Attorney in Fact

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)



Before me, the undersigned, a Notary Public, in and for said County and State, this 4th day of September, 2012, personally appeared Brian E Less 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


Karen M. Meyer, Notary Public

My Commission Expires. June 8, 2017
Resident County Porter

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 Brian E Less, P O. Box 98, Hebron, IN

AMOUNT \$ 12.00
CASH _____ CHARGE _____
CHECK# 4015
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY UR
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