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MICHAEL B. BROWN  
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:

Jennifer L. Merkel  
3232 Rustic Lane  
Crown Point, IN 46341

on the following described real estate, to-wit:

Lot Numbered **1315** 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 3232 Rustic Lane, Crown Point, IN 46307.** as well as on all buildings, other structures and improvements located thereon or connected therewith.

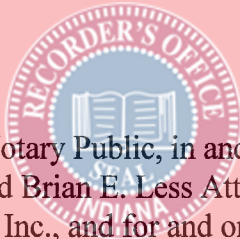
pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Lake County, State of Indiana, and recorded as Instrument Number **2012 059578** on the 4<sup>th</sup> day of September, 2012, in said County is hereby declared fully satisfied and released this 14<sup>th</sup> day of March, 2013.

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: *[Signature]*  
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 14th day of March, 2013, 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.

*[Signature]*  
Karen M. Meyer, Notary Public  
Resident County: Porter

My Commission Expires: June 8, 2017

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]*

This Instrument prepared by: Brian E. Less, P.O. Box 98, Hebron, IN

AMOUNT \$ 12  
CASH CHARGE  
CHECK# 7894  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY [Signature]