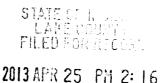
2013 029694



MICHAL RECORDER

When recorded, mail to: The Islands of Barrington Ridge

Name: <u>Townhomes Association, Inc.</u>

Address: P.O. Box 134

City/State/Zip: Hobart, IN 46342

**Document prepared by:** The Treasurer

Name: The Islands of Barrington Ridge Townhomes Assoc., Inc

Address: P.O. Box 134

City/State/Zip: Hobart, IN 46342

## Release of Lien

State of Indiana

**County of Lake** 

Document is NOT OFFICIAL!

referred to as Holder is the owner of that **Diana K Davis** certain Deed of Trust, executed by The Islands of the Islands of Barrington Ridge Townhomes Association, acknowledges payment in full of the same, which was recorded on Document Number 2011-029764 dated May 31, 2011, recorded at Lake County, State of Indiana; and consents to the release of the property from the lien and satisfaction of the Deed of Trust on the record. The following described real property located in Lake County, State of Indiana, commonly known as:1511 Lake St. Hobart, In. 46342 and legally described as: Barrington Ridge Unit 3 N'LY PT OF MID of property number: 43-05-306-018.000-018 map number: 27-17-0292-0005 which property is owned by Diana K. Davis. The total value of \$400.00, has been paid and the account is satisfied.

Sell Soffel **Signature of Person Releasing Lien** 

The treasurer of The Islands of Barrington Ridge Townhomes Association, Inc.

Name of Person Releasing Lien

Address of Person Releasing Lien: P.O Box 134 Hobart, IN 46342

| On Into              | 5,2013              | <u>, Bill 5</u> e    | EN AL               | came     |
|----------------------|---------------------|----------------------|---------------------|----------|
|                      |                     |                      | the person describe | d in the |
| above document and   | d that she signed t | he above docume      | nt in my presence.  |          |
| A Soldel             | Í                   |                      |                     |          |
| Notary Signature     |                     |                      |                     |          |
| Notary Public,       | D                   | ocument is           | 4                   |          |
| In and for the count | y of dake           | State of _/          | theliana            |          |
| My commission exp    |                     | e County Reco        |                     |          |
|                      |                     | E DERSON SEAL MOUNTS |                     |          |