

2013 053035

2013 JUL 19 PM 3:36

MICHAEL B. BROWN
RECORDER

GENERAL RELEASE OF LIEN

KNOW ALL MEN BY THESE PRESENTS: That the Building Permit Fee Obligation Lien claimed by the Town of St. John, Lake County, Indiana, a Municipal Corporation, upon the following described real property, to wit:

PARCEL IDENTIFICATION NUMBER (PIN): 45-11-28.104-017.000-035

LEGAL DESCRIPTION: _____

Commonly known as: 11018 Beacon Ct Meigs Drive

Executed and delivered by: RESUB OF MEADOWS OF ST. JOHN #2 L-8 BK.105, PG. 88, IN THE OFFICE OF THE RECORDER OF LAKE CO. IN.

is hereby released, the claim thereunder having been fully paid and satisfied, and that certain notice of the Building Permit Fee Obligation Lien recorded as document number 2012 069167, in the Office of the Recorder of Lake County, Indiana, is hereby satisfied and discharged.

I, Sherry P. Sury, Clerk-Treasurer of the Town of St. John, Indiana, a Municipal Corporation, hereby swear or affirm under the penalties for perjury that the above and foregoing representations are true to the best of my knowledge.

This Document is the property of the Lake County Recorder!
Town of St. John, Lake County, Indiana, a Municipal Corporation

Date: 7/16/13

Signed: Sherry P. Sury
Sherry P. Sury, IAMC, CMC
Clerk-Treasurer

OFFICIAL NOTARY SEAL

* THERESA A. WILSON *
* Notary Public, Lake County, Indiana *
* My commission expires Nov. 30, 2014 *

State of Indiana)
County of Lake)

SS:

Before me the undersigned, A Notary Public in and for the State of Indiana, personally appeared Sherry P. Sury, IAMC, CMC, Clerk-Treasurer of the Town of St. John, Lake County, Indiana, a Municipal Corporation, and, being first duly sworn upon her oath, says that the facts alleged in the foregoing General Release of Lien instrument are true. Signed and sealed this _____ day of _____, 20____.

County of Residence: LAKE

Theresa A. Wilson
Notary Public, signature
THERESA A. WILSON
Notary Public, printed

My Commission expires: 11-30-2014

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law and this document was prepared by Attorneys David M. Austgen, AUSTGEN KUIPER & ASSOCIATES, P.C., 130 N. Main Street, Crown Point, Indiana 46307.

AMOUNT \$ 12
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK MB