

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048891

2014 AUG 14 AM 8:49

RELEASE OF EASEMENTS TAKEN FOR TEMPORARY RIGHT OF WAY
MICHAEL B. BROWN
RECORDER

COUNTY: Lake
ROAD PROJECT: 169th Street Phase II

This indenture, executed this 23 day of July, 2014 witnesseth that certain portions of real estate, recorded as set out below and acquired for use on the above referenced road project, in the City of Hammond, State of Indiana, are subject to a temporary easement.

PARCEL	OWNER	BOOK/PAGE	INSTRUMENT
25A	Charles R. Ferris & Barbara Ferris		2014033022

Whereas, the purpose for which said temporary easements were acquired have been accomplished and a release of the temporary easements will not interfere with any operations or construction of the City of Hammond.

Now, therefore, in consideration of the premises, the undersigned does hereby irrevocably release unto the present owner or owners of record, their heirs, administrators, executors, personal representatives, devisees, grantees, successors, and assigns, all temporary easements in the instrument as set out above.

In witness whereof, the City of Hammond has caused this instrument to be duly executed this 23 day of July, 2014.

CITY OF HAMMOND
Taken in the name CITY OF HAMMOND, INDIANA

Mark Gordish
Mark Gordish
Assistant City Engineer

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Personally appeared before me, a notary public for said county and state, this 23rd day of July, 2014, Mark Gordish, Assistant City Engineer and acknowledged the execution of the release of easements taken for temporary right of way to be this free and voluntary act and deed and the free and voluntary act and deed of said City of Hammond, Indiana.

Linda Marinkovic
Notary (Signature)

LINDA MARINKOVIC

Notary (Printed)

Commission Expires:

County of Residence:



FILED

AUG 13 2014

This instrument prepared by Kristina Kantar, Attorney at Law, 9221 Sunset Avenue, Hammond IN 46320

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

"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: *Kristina Kantar*

Printed Name: Kristina Kantar

AMOUNT \$ 12⁰⁰
 CASH _____
 CHECK # 3957
 CHARGE _____
 COPY _____
 NON-CONF _____
 DEPUTY Sp

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

E