STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 078395

2014 DEC -9 PM 3:19

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, Indiana and against:

ROCCI R. BEEBE And JENNIFER A. BEEBE, H&W
4049 BURNING TREE COURT
CROWN POINT, IN 46307

on the following described real estate, to-wit:

Lot Numbered **L1435** in Lakes of the Four Seasons, Unit No. **9**, as per Plat thereof, recorded in Plan Book 38, page 78, in the Office of the Recorder of Lake County, Indiana; Commonly known as 4049 Burning Tree Court, Crown Point, IN 46307

pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Porter County, State of Indiana, and recorded as Instrument Number **2011-009338** on the 17th day of February, 2011, in said County is hereby declared fully satisfied and released this 24th day of November, 2014.

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STOP

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 LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 24th day of November, 2014, 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.

Joanne E. Hansen
Joanne E. Hansen Notary Public
Resident County: Porter

My Commission Expires: November 8, 2022

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.

Joanne E Hansen

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

AMOUNT $ 12.00
CASH ___ CHARGE ___
CHECK# 9336
OVERAGE ___
COPY ___
NON-CORR ___
DEPUTY SP