

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 083780

2014 DEC 30 PM 1:25

MICHAEL C. BROWN
RELEASE OF LIEN RECORDER

For a valuable consideration, the receipt for which is hereby acknowledged, a certain lien existing in favor of DOUBLETREE LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC., an Indiana Corporation, c/o 1st American Management Company, Inc., 3408 Enterprise Drive, Valparaiso, Indiana, 46383 and against:

William Paul Francis and Stacey Francis, Husband and Wife
8759 Mystic Circle
Crown Pont, IN 46307

on the following described real estate, to-wit:

**Lot Numbered 447 as shown on the recorded plat of Doubletree Lake Estates, Phase IV recorded in Plat Book 86 page 71 and as amended by Plat of Correction, recorded in Plat Book 89 page 8 in the Office of the Recorder of Lake County, Indiana.
Commonly known as 8759 Mystic Circle, Crown Point, IN 46307**

pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Lake County, State of Indiana, on April 29, 2014, and recorded as Instrument Number 2014 023817 in said County is hereby declared fully satisfied and released this 17th day of December 2014.

The release of lien shall in no way affect the rights of DOUBLETREE LAKE ESTATES HOMEOWNERS' 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.

Doubletree Lake Estates Homeowners' Association, Inc.

By: [Signature]
Brian E. Less, Attorney in Fact for Doubletree Lake Estates HOA, Inc.

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)



Before me, the undersigned, a Notary Public, in and for said County and State, this 17th day of December 2014, personally appeared Brian E. Less, Attorney in Fact for Doubletree Lake Estates Homeowners' 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: Lake

My Commission Expires:
06/08/2017

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]
Karen M. Meyer

This Instrument prepared by: Brian E. Less, Atty No. 21973-49, P.O. Box 98, Hebron, IN 46341



AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 1957
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY [Signature]

[Handwritten mark]