STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 067392

2015 SEP 30 AM 11: 16

MICHAEL B. BROWN RECORDER

HOLD FOR MERIDIAN TITLE

1

MA

PARTIAL RELEASE OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, that DeMotte State	Bank
for value received, hereby releases and discharges the premises herein	nafter described from the lien of a certain
mortgage executed by Moon Island Farms, Inc., an Indiana 1/2 interest; Leopold and Margery Kalvaitis, Husband an	
interest as to parcel 1 & 2; Moon Island Farms, Inc., dated the 23rdday of May , 2006, and r	an Indiana Corporation as to
	page , Document
Tolan	
as follows: Part of the South 1/2 of the Northwest 1/4 of	the Southeast 1/4, containing
20 acres, more or less, located in Section 5, lownship 2nd Principal Meridian, more particularly described as	follows: Beginning at the
Southeast corner of the said South Half; thence North 8	9 59'02" West along the South 00 11'17" East, 661.85 feet to
as follows: Part of the South 1/2 of the Northwest 1/4 of 20 acres, more or less, located in Section 5, Township 2nd Principal Meridian, more particularly described as Southeast corner of the said South Half; thence North 8 line of the said South Half, 460.85 feet; thence North a point on the North line of said South Half; thence So North line, 460.84 feet to the Northeast corner of the 00 11'17" West along the East line of said South Half 6 Beginning, containing 7.00 acres, more or less.	ath 89 56'09" East along said
00 11'17" West along the East line of said South Half 6	61.48 feet to the Point of
Beginning, containing 7.00 acres more or less CIA	
It is hereby expressly understood that this release shall not affect or in	pair the security of the above described
mortgage upon any portion thereof except the premises hereinabove p	articularly described.
the Lake County Record IN WITNESS WHEREOF, the said DeMotte State Bank	er:
has caused its corporate seal to be affixed hereto and these presents s	igned by Guy A. Carlson
its, Exec V P & Lowell Banking Center Manager	gnod by
this 16th day of September	, 2015
"I affirm, under the penalties for perjury, that I have taken reasonable care to redact	
each Social Security number in the document,	te State Bank
unless required by law."	(Name of Bank)
Guy A. Carlson	us a. Carbon
Guy A.	Carlson, Exec V P & Lowell
	g Center Manager
SS	
COUNTY of LAKE	
COONTT OF LAKE	
Before me, a Notary Public, in and for said County and State, this $_^{16 ext{th}}$ day of $_^{ ext{September}}$, 2015	
D. W. C. D. L. L. C. A. C. J. F. L. V. D. J. D. D. L. D. L. C. A. C. J. D. V. D. V. D. V. D. V. D. C. D. D. L. D. D. L. C. D. L. C. D. L. C. D. L. C. D.	
personally appeared, <u>DeMotte State Bank by Guy A. Carlson, Exec V P & Lowell Banking</u> Center Manager	
and acknowledged the execution of the foregoing partial release on b	pehalf of said bank for the uses and pur-
poses therein set forth.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The second secon	. 60 00-
My commission expires:	Rosenau Magu
May 10, 2022	Notary Public Rosemarie E. Myyer
A Company of the Comp	
This instrument was prepared County of F	ResidenceLake
by: Guy A. Carlson, Exec V P & Lowell Banking Center Manager	
PLEASE RETURN TO: DeMotte State Bank	
P O Box Lowell,	346
rowerr,	•
1	17- 048333
79454	S FOR MEDINIAN TITLE 04 83 33

15-29454