2015 071209

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 20 PM 2: 16

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:

Join, Land County, Indiana, a framospin Corporation, upon the formation and the formation of the first terms
PARCEL IDENTIFICATION NUMBER (PIN): 45-15-03-327-025,000-0/5
LEGAL DESCRIPTION: LATA LECCULATERISTISMENT ISWEST UNIT 1 E  BOOK OF ST JOHN,  LAKE COUNTY TO TO THE LATER OF ST JOHN,
Commonly known as: This Declaraent to the preferey of
Executed and delivered by: Homes by Durch Miles
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 2015-036860 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, 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.
Date: 10/20/15  Signed: Signed: Susan P. Zerante  Notary Fublic SEAL
State of Indiana ) County of Lake )  State of Indiana My Commission Expires Januar 1 2923
Before me the undersigned, A. Notary Public in and for the State of Indiana, personally appeared  Sherry — Sury — 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 20th day of
County of Residence: LAKE  Notary Public, signature
My Commission expires: 1/21/23 Substitute Notary Public, printed Notary Public, printed
This document unless required by law taken reasonable care to reduct each Social Security number in this document unless required by law. This

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. This document was prepared by Attorney David M. Austgen, AUSTGEN KUIPER JASAITIS P.C., 130 N. Main Street, Crown Point, Indiana 46307.

12. ASH