STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 013089

2016 MAR -4 AM 8: 39

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, IN 46307 and against:

Earl Mitchell, Sr. And Marlene Mitchell, H&W

4241 Westover Dr.

Crown Point, IN 46307

on the following described real estate, to-wit:

Lot Numbered **796**, in Lakes of the Four Seasons, Unit No. **10**, as shown on Plat Book **39**, Page **11**, in the Recorder's Office of Lake County, Indiana; Commonly known as 4241 Westover Drive, Crown Point, IN

pursuant to a written notice of intention to hold lien filed in the Office of the Recorder of Lake County, State of Indiana, and recorded as Instrument Number 2014 041023 on the 15th day of July 2014, in said County is hereby declared fully satisfied and released this 26th day of February 2016.

This Document is the property of

The release of lien shaff 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.

Brian E. Less, Attorney in Fact

STATE OF INDIANA

) SS:

COUNTY OF PORTER

Before me, the undersigned, a Notary Public in and for said County and State, this 26th day of February 2016, 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.

My Commission Expires: November 8, 2022 Resid

Moanne E. Hansen Notary Public Resident County: Porter

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.

This Instrument prepared by: Brian E. Less, P.O. Box 98, Hebron, IN 46341

1

AMOUNT \$______CO____CASH_____CHARGE_____CHECK#______

OVERAGE_____

NON-CONF_

DEPUTY_