2016 035423

2016 JUN -8 PM 1:53

MICHAL D. DAUNT RECORDER

STATE OF INDIANA)	RE:	REGINA M. BEARD
) SS:) SS:	624 WEST 49 TH AVENUE GARY, INDIANA 46408

COUNTY OF LAKE

CITY OF GARY, INDIANA DEPARTMENT OF COMMUNITY DEVELOPMENT WAIVER, RELEASE, REMISE AND SATISFACTION OF LIEN (FIRST-TIME HOME BUYERS DOWN PAYMENT AGREEMENT HOME PROGRAM LIEN)

For valuable consideration, the City of Gary, Indiana, Department of Commerce f/k/a Division of Community Development, certifies that a certain First-Time

Home Buyers Down Payment Assistance Agreement HCME Program Lien ("Lien"), existing in favor of the City of Gary, Division of Community Development and against REGINA M. BEARD on real estate, located in Gary, Lake County, Indiana, commonly known as 624 West 49th Avenue, Gary, IN, being legally described as follows:

This Document is the property of

timedala Subdivision tyo R13c Biode 4!

as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana.

Old Parcel No. 25-45-0168-0013 New Parcel 45-08-33-256-021.000-004

Said Lien, in the amount of \$2,320.00 dated February 13, 2008 between Regina M. Beard and the City of Gary, Division of Community Development, recorded as Document No. 2008-017561 in the Office of the Lake County Recorder

is hereby WAIVED, RELEASED, REMISED, RELINQUISHED AND SATISFIED.

CITY OF GARY, INDIANA DIVISION OF COMMUNITY DEVELOPMENT

ARLENE D. COLVIN, ESQ.

DIRECTOR

14-6CD

RE: REGINA M. BEARD 624 WEST 49TH AVENUE GARY, INDIANA 46408

ACKNOWLEDGEMENT

State of Indiana, County of Lake) ss:

Before me, the undersigned, a Notary Public in and for said County and State, this _7th __ day of June 2016, appeared Arlene D. Colvin, Esq., known by me to be the Director of the City of Gary, Division of Community Development, and acknowledged the execution of the annexed and foregoing Waiver, Release, Remise and Satisfaction of Lien.

IN WITNESS WHEREOF, have hereunto subscribed my name and affixed my official seal.

NOT OFFICIAL PUBLIC

My Commission Expires: County Recorder (Signature)

Resident: Lake County

(Printed Name)

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.

RETURN TO:

DIVISION OF COMMUNITY DEVELOPMEN

CITY OF GARY, INDIANA Attention: HOME Division

839 Broadway, Suite 302 N

Gary, Indiana 46402