## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

## 2017 043402

2017 JUL 17 AM 8: 46

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:

Jeannine J. Svetanoff 2596 Brookwood Dr. Crown Point, IN 46307

on the following described real estate, to-wit:

Lot 66, Building #12, Parcel 4, Four Seasons Town Houses, Tract 106 in Lakes of the Four Seasons, as shown in Plat Book 49, Page 139, and amended by amended Plat as shown in Plat Book 51 page 44 being a part of Tract 106, Lakes of the Four Seasons Unit #1, as shown in Plat Book 37 page 63 in Lake County, Indiana; Commonly known as 2596 Brookwood Dr., Crown Point, IN 46307.

pursuant to a written notice of intention to hold from filed in the Office of the Recorder of Lake County, State of Indiana, and recorded as Instrument Number 2016 057330 on the 24th day of August 2016, in said County is hereby declared fully satisfied and released this 10th day of July, 2017.

This Document is the property of

The release of lien shall 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.

Property Owners' Association, Inc.

By:

Brian E. Less, Attorney in Fact

Lakes of the Four Seasons

STATE OF INDIANA

SS:

**COUNTY OF PORTER** 

Before me, the undersigned, a Notary Public, in and for said County and State, this 10th day of July 2017, personally appeared Brian 5. 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

Joanne 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

	AMOUNT \$ as, so
	CASHCHARGE
	CHECK#_3079
	OVERAGE
	COPY
	NON-CONF
E	DEPUTY