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Prepared by:

Zory Agosto Hunton Andrews Kurth LLP 600 Travis, Suite 4200 Houston, Texas 77002

CBRE Loan No. 02-0209915 Allianz Loan No. 9813

Jurisdiction: Lake County, Indiana

GINA PIMENTEL RECORDER

2021-043287

STATE OF INDIANA 2021 Jun 21 LAKE COUNTY 8:31 AM FILED FOR RECORD

Affirmation Statement pursuant to IC 36-2-11-15:

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. Preparer: Zory Agosto

## RELEASE OF ASSIGNMENT OF RENTS AND LEASES

FOR VALUE RECEIVED, the undersigned hereby RELEASES that certain Assignment of Rents and Leases dated as of December 16, 2003 (the "Assignment"), by GMS Merriville L.L.C., an Indiana limited liability company, as assignor ("Borrower"), to and for the benefit of ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA, a Minnesota corporation, as assignee ("Lender"), and recorded January 9, 2004 as Instrument No. 2004002415 in the Office of the Lake County Recorder, Indiana. The Lender hereby acknowledges that the indebtedness secured by the Assignment has been PAID and SATISFIED Cordor IN FULL.

ISIGNATURE PAGE FOLLOWS!



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| Dated: May 26th, 2021                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
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| LENDER:                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA, a Minnesota corporation                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Droporty Orlate                                                                                                                                                                                                                                                                                                 | : Pacific Investment Management Company LLC, a Delaware limited liability company, not individually but solely in its capacity as subadvisor for and on behalf of its client, Allianz Life Insurance Company of North America                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                               | Ву:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Name: Stephen Cox Authorized Signatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| By: My h.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Name: Michael Krawiec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Authorized Signatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| STATE OF NEW YORK §                                                                                                                                                                                                                                                                                             | The same of the sa |  |  |  |  |
| COUNTY OF NEW YORK §                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| This instrument was acknowledged before me on Management Company LLC, a Delaware limited liability company, not individually but solely in its capacity as subadvisor for and on behalf of its client, Allianz Life Insurance Company of North America, a Minnesota corporation, on behalf of said corporation. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| Angel Van Lowe Notary Public- State of New York No. 01VA6385455 Qualified in New York County Commission Expires August 21, 2021                                                                                                                                                                                 | NOTARY PUBLIC ANGEL AND INVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |

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| STATE OF NEW YORK                                                                                                                                                                                                 | §                                                                                           |                                                                                   |                                                                          |                               |
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| COUNTY OF NEW YORK                                                                                                                                                                                                | §                                                                                           |                                                                                   | ,                                                                        |                               |
| Management Company LLC, a E its capacity as subadvisor for at North America, a Minnesota corp Anger Van Lowe Notary Public State of New Yor No. 01VA5853485 Qualified in New York Commission Expires August 21, 2 | , Au<br>relaware limited<br>and on behalf o<br>poration, on beh                             | uthorized Signa<br>d liability compa<br>f its client, Allia<br>half of said corpo | atory of Paèific ny, not individually anz Life Insurance oration.  UBLIC | y but solely in<br>Company of |
| CAPITOL<br>SERVICES                                                                                                                                                                                               | cknowledgement to:<br>ikol Services, Inc.<br>OO Box 1831<br>ustin, TX 78767<br>800.345.4647 | County                                                                            | Pecono                                                                   | Xo,                           |