NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2023-009936

8:56 AM

2023 Apr 5

STATE OF INDIANA) SS: COUNTY OF LAKE

RE:

Stephanie D. Boleware 765 Johnson Street GARY, INDIANA

CITY OF GARY, INDIANA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT WAIVER, RELEASE, REMISE and SATISFACTION OF FACADE PROGRAM

For Valuable Consideration, the City of Gary, Indiana, Department of Planning and Community Development, now known as Department of Community Development, certifies that a certain Façade Program Lien, existing in favor of the City of Gary, Department of Planning and against Stephanie D. Boleware's estate, located in Gary, Lake County, Indiana.

Resub, Gary Land CO'S 3rd SUB, ALL L.8 BL.5; in the City of Gary, Lake County, Indiana (Key #:45-08-04-352-009.000-004; 765 Johnson Street, Gary, Indiana.

which Lien is described as follows:

FACADE PROGRAM Lien, In the amount of \$13,600.00 dated, November 5. 2008, by and between Stephanie D. Boleware, Prewitt Construction Company, Inc. and the City of Gary, Department of Planning and Community Development, recorded as Document No. 2008 082326 on December 4, 2008, in the Office of the Recorder of Lake County Indiana.

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

CITY OF GARY, INDIANA DEPARTMENT OF COMMUNITY DEVELOPMENT

Aklene De Colver

Arlene D. Colvin, DIRECTOR

Dated: December 7, 2018

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NOTES JANNAS TO SEPTICIAL DOCUMENT

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 December, 2018 appeared Arlene D. Colvin, Director of City of Gary, Indian Department of Community Development, and acknowledged the execution of the above and foregoing Waiver, Release, Remise and Satisfaction of Facade Program Lien.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affix my official

seal.

CARRIE LEE PERKINS
Notery Public, State of Indiana
Lake County
My Commission Expires
August 30, 2025

My Commission Expires:

NOTARY PUBLIC

Resident: Lake County

(Signature)

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.

(Printed)

Beturn To:

To:

DEPARTMENT OF COMMUNITY DEVELOPMENT
CITY OF GARY, INDIANA
839 Broadway, Suite 302 North
GARY, INDIANA 46402