



# NOT AN OFFICIAL DOCUMENT

RE: Michael Graham  
3562 Jefferson St.  
GARY, INDIANA 46408

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

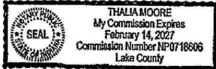
Before me, the undersigned, a Notary Public in and for said County and State, this 24<sup>th</sup> day of March, 2023 appeared Arlene D. Colvin, Director of City of Gary, Indiana, Department of Community Development, and acknowledged the execution of the above and foregoing Waiver, Release, Remise and Satisfaction of Housing Repair Program Lien.

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

My Commission Expires: 2-14-2027

NOTARY PUBLIC

Resident: Lake County



Thalia Moore  
(Signature)  
Thalia Moore  
(Printed)

This instrument was prepared by Arlene D. Colvin, Attorney No. 3712-45. 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:

DEPARTMENT OF COMMUNITY DEVELOPMENT  
CITY OF GARY, INDIANA  
401 Broadway, Suite 300  
GARY, INDIANA 46402