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GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED  
2024-007163  
9:22 AM 2024 Feb 28

RELEASE OF LIEN

State of Indiana  
County of Lake

On the 10th day of September 2020, Great Lakes Healthcare/CBC, filed an Affidavit for Lien in the Recorder's Office of Lake County. The lien has the following instrument number 2020-062695. The lien claimed the sum of \$14,716.00 against the real property owner Katherine Rubin located at the following address 229 Oakwood Lane, Indiana 46324 in Lake County.

With the legal description of, RESUB. LOP 15 TO 17 OAK PARK 1<sup>ST</sup> ADD. W2.L.E  
The indebtedness mentioned in the Affidavit for Lien is requested to be released. The undersigned releases and discharges the lien and any right, interest, and claim I may have acquired in the property by reason of filing the Affidavit of Lien  
This instrument was prepared 1/31/24 by Shannon Holt

Shannon Holt  
Name of Affiant-Shannon Holt  
Account Manager- Great Lakes Healthcare/CBC ✓  
Po Box 5187  
Kingsport, TN 37663

Sworn to before me and subscribed in my presence this 5<sup>th</sup> day of February,  
2024.

Debbie S. Monk  
Notary Public  
Commission expires: 8/20/26



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009834  
CR

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF PROOF

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached.

Penny Bays

Witness Signature

Penny Bays

Witness Printed Name

### PROOF:

STATE OF

Tennessee

COUNTY OF

Sullivan

Before me a Notary Public in and for said County and State, Dated on 2/5/24, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Penny Bays to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)- Shannon Holt execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Debbie S. Monk

NOTARY PUBLIC SIGNATURE

Debbie S. Monk

NOTARY PRINTED NAME

Notary Name exactly as Commission

Notary Public- State of TN

Seal

My Commission Expires: 8/22/26

Commission No: \_\_\_\_\_

