RELEASE OF MECHANICS LIEN

Claimant		-
		<u> </u>
State of Indiana, Cour		
The Claimant, undersi	igned, hereby releases, discharges, and/or acknowledges sat	isfaction of that
	im of mechanic's recorded on the day of	
against the Owner, at	the office of the County Recorder of Marion County and ide	ntified as
	eased, discharged and/or satisfied.	
Signature of Claimant	(or Agent)	
Printed Name		
Title/Date		
Security number in th	nalties for perjury, that I have taken reasonable care to redaction is document, unless required by law. (IC 36-2-11-15) Prepare (Printe	
Document Prepared b	oy:	
Claimant Signature:		
Date:	Printed Name:	
STATE OF INDIANA, C		
Refore me the under	signed, a Notary Public, in and for said County and State, this	s date
	personally appeared	<i>,</i>
said person being ove instrument.	er the age of 18 years, and acknowledged the execution of th	e foregoing
Notary Public Signatu	re	
My commission evnir	PC '	