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| THIS<br>Hest   | CER'                           | rifies,  | Thät ä                           | certain<br>nd and wi              | Mortgage<br>Le, Mortgag                              | executed por(s), to                                 |                                   |                                 | róe (                |
| -  |                                | BENEFIC  | IAL INDI                         | ANA INC.                          |  |   |                                   |                                 |                      |
| -  |                                | BENEFIC<br>of Indi   |                                  | IANA INC                          | . Formerly   | known as E  | Seneficial                        | Finance                         | B Co.                |
|  |                                | of Indi  | ana, su                          | ccessor by                        | Formerly kn<br>y way of m<br>inance Co.              | erger to  | the right                         |                                 |                      |
|  | • • •                          | BENEFIC  | IAL MORT                         | GAGE CO. (                        | OF INDIANA   |   |                                   |                                 |                      |
| and the state of t | A PARTIE                       | BENEFIC<br>Inc.)   | IAL OHI                          | 0 INC. (1                         | formerly kn  |   | t Benefic                         |                                 | ince,                |
|  |                                | of titl right,   | e passin<br>title an             | g through<br>d interes            | ccessor by<br>Capital F<br>t of Benef<br>al Financia | inancial Sicial Fina                                | Services I                        | inc., to<br>ndiana,             | the                  |
| -  |                                | COMMONW<br>Co.   | EALTH L                          | oan compi                         | ANY, doing   | business  | as Benefi                         | cial Fin                        | ance                 |
| <b>.</b><br>}  |                                | COMMONW<br>Co.   | EALTH LO                         |                                   | , doing bu   |   | Benefici                          | al Mort                         | gage                 |
|  |                                | (the ch  | eckmark                          | dentific                          | the Motte  | aged)   |                                   |                                 |                      |
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| IN W   | ITNES                          | s WHERE  | OF, the<br>Satisfac              | undersign                         | ed, in the executed                                  | capacity<br>this 16th                               | hereafter<br>day of Na            | identif<br>rch, 199             | ied,                 |
| Atte   | at:                            | Control of the last of the las |                                  |                                   | BENEFICIA<br>BENEFICIA                               | L INDIANA<br>L MORTGAGE<br>L OHIO INC<br>LTH LOAN O | co. of I                          | NDIANA                          |                      |
| A CHI  | بر<br>Wit                      | kovski   | Asst. Se                         | cretary                           | g.l. pa  | My Vice   | Presiden                          | t                               |                      |
| 1  | = =                            |  |                                  |                                   | NOWLEDGEN  |   |                                   | APR                             | STATE                |

STATE OF DELAWARE

NEW CASTLE COUNTY )

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Before me, the undersigned, a Notary Public in and for said County, 16th day of March, 1990, personally appeared E. A. Dawson and N. A. Witkowski, Vice President and Asst. Secretary respectively of the foregoing corporation, and acknowledged the execution of the foregoing instrument.

WITNESS MY HAND and official seal.

Anna M. Minutola, Notary Public for the State of Delaware

My Commission Expires: November 14, 1991

James D. Warren, Esq. 200 Beneficial
Peapack, NJ 0 200 Beneficial Center Peapack, NJ 07977

Beneficial Indiana Inc.

ss.:

P O Box 402

Schererville, IN 46375