lawyers litle Insurance Orporation

Lake County Branch One Professional Center Suite 215 Crown Point, Indiana 46307 Area Code 219/663-0560 Area Code 219/769-3358 Fax # Area Code 219/663-1424

J54832 Escrow Offices: 2050 45th Avenue Highland, Indiana 46322

7863 Broadway Suite 114 Merrillville, Indiana 46410

LAWYERS TITLE ING. CORP.

	ONE PROFESSIONAL CENTER
9	93018063 Suite 215 Chown Point, in 48307
1. T	IC Case No. 54832
	TO GUIDE 1/10.
W(11-	fam M Klausman & Lague & wa
de	iam M.Klausman & Leona L.Klausman , Affiant, being duly sworn upon oath,
	i
14.	Rave a mortgage to
	William M. Klausman' & Leona L. Klausman dated Marcy 7, 1977
	and recorded March 10, 1977 as Instrument number 396861
	to secure the principal sum of \$ 14,880.00
2.	That the property mortgaged in item I above is described as follows:
	Lot 13 in Dyer Estates First Addition to the Town of Dues
	July page o, Lake County, Indiana
	Document is
	NOT OFFICIAL!
3%	That the mortgage shown in Item tisbaye has been pade in full, and the purpose of this affidayit is to show that the mortgage has been satisfied. That the efficient has provided.
	the Lake County Recorder. been satisfied.
4.	That the attrant has made every reasonable offers to the the
	mortgage; however affiant was not successful in obtaining said release.
5.	That in consideration of Lawyers Title Insurance Corporation issuing its
	FIRE WALLEY WALLEY CALLED TO THE MOTTORED WOLLD'S HOUSE IN THE STATE OF THE STATE O
	affiant hereby agrees to fully protect and save harmless the said Lawyers Title Insurance Corporation from any and every expense, loss or damage which
	The same of the sa
	policy of title insurance referred to above by reason of the existence of said mortgage.
Dat	ed this 25th day of January 1993
	WOIANA THE
r A	* 4: 4
<u>u</u>	liam M. Klausman AFFIANT HOORS J. Eldisman.
:MIT	liam M. Klausman AFFIANT Leona L. Klausman AFFIANT
	$c_0 =$
	SA: 2
STAT	re of indiana)
COUN	SS:
	(A)
Befo	ore me, the undersigned, Jeannette Mayfield, an official of said
	ity and State, on this 25th day of January 10.93
appe	eared William M. Klausman and Leona L. Klausman and acknowledged the
exec	cution of the foregoing instrument.
المششفة	
WITN	ESS my had and official seal.

This instrument prepared by

08/20/96

My Commission Expires

William M. Klausman

Jeannette Mayfield

County of Residence: Porter

NOTARY PUBLIC