

FILED FOR RECORD
LAKE COUNTY

2004 078236

2004 SEP 15 11:00 AM

When recorded return to:
ABN AMRO MORTGAGE GROUP INC.
7159 CORKLAN DRIVE
JACKSONVILLE, FL 32258

This space for Recorder's use only

Loan #: 0001024014
Investor Loan #: 0001024014
Pool #: 004604
PIN/Tax ID #:
Property Address:
2917 165TH ST
HAMMOND, IN 46323-

INMRSD3s-4
MORRIS A. ...
RECORDER

10/01/03



MORTGAGE RELEASE, SATISFACTION, AND DISCHARGE

IN CONSIDERATION of the payment and full satisfaction of all indebtedness secured by that certain Mortgage described below, **INTERFIRST, A DIVISION OF STANDARD FEDERAL BANK, ,** whose address is 7159 Corklan Dr. JACKSONVILLE, FL 32258, being the present legal owner of said indebtedness and thereby entitled and authorized to receive said payment, does hereby release, satisfy, and discharge said Mortgage in full and does hereby consent that the same be canceled and discharged of record.

Original Mortgagor(s): **DONALD E BRANT, DIVORCED AND NOT SINCE REMARRIED**
Original Mortgagee: **AAMERICORP MORTGAGE SERVICES, INC.**

Loan Amount: **\$100,205.00** Date of Mortgage: **05/13/1998**

Date Recorded: **05/22/1998** Document #: **98038317**

and recorded in the records of **LAKE** County, State of **Indiana** affecting Real Property and more particularly described on said Mortgage referred to herein.

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of **8/30/2004**.

Lenora James
Assistant Vice President
State of **FL**
County of **DUVAL**

Pat Charles
Assistant Vice President



On this date of **8/30/2004**, before me, the undersigned authority, a Notary Public duly commissioned, qualified and acting within and for the aforementioned State, personally appeared the within named **Pat Charles** and **Lenora James**, known to me (or identified to me on the basis of satisfactory evidence) that they are the **Assistant Vice President** and **Assistant Vice President** respectively of **INTERFIRST, A DIVISION OF STANDARD FEDERAL BANK, ,** and were duly authorized in their respective capacities to execute the foregoing instrument for and in the name and on behalf of said corporation, and that said corporation executed the same, and further stated and acknowledged that they had so signed, executed and delivered said instrument for the consideration, uses and purposes therein mentioned and set forth.

Witness my hand and official seal on the date hereinabove set forth.

Notary Public: **SueAnne Haracourt**
My Commission Expires: **11/01/2006**

Document Prepared by:

Michele Q Woodyard
MICHELE Q WOODYARD



SueAnne Haracourt
MY COMMISSION # **DD160949** EXPIRES
November 1, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

7159 Corklan Dr.
JACKSONVILLE, FL 32258

10-
655764
SS