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2005 DEC 20 AM 9:02

MICHAEL J. TOWN
RECORDER

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Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #6162484288 "MARTINEZ" Lender ID:G55/832/6162484288 Lake, Indiana PIF: 12/01/2005
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO BANK UNITED, A FEDERAL SAVINGS BANK, holder of a certain Mortgage to secure the amount of \$76,789.00 whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said Mortgage.

Original Mortgagor: JULIO A MARTINEZ AND ZORAIDA MARTINEZ-GONZAL
Original Mortgagee: FLEET MORTGAGE CORP.
Dated: 09/28/1994 Recorded: 09/30/1994 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 94067936, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 2636 VANDERBURG ST, LAKE STATION, IN 46405

IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO BANK UNITED, A FEDERAL SAVINGS BANK
On December 13th, 2005

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

By: J Tate
J Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On December 13th, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J Tate, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

Randi White
Notary Expires: 11



(This area for notarial seal)

Prepared By: Milorad Listes, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937
When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179

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12-2P
200185758

Prescribed by the
State Board of Accounts
(2005)

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under penalties of perjury, that the foregoing declarations are true.



[Handwritten Signature]

 Signature of Declarant

Milorad Listes

 Printed Name of Declarant