

2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 007581

2006 FEB - 1 AM 8:34

**SATISFACTION OF MORTGAGE**  
TODD C. WILLIAMS  
RECORDER

This certifies that a certain Mortgage executed by Edward P. Stasny and Catherine Ann Stasny, Husband and Wife, to AMERICAN SAVINGS, FSB, on the 17<sup>th</sup> day of May, 1990, in the amount of \$25,000.00, and recorded on the 21<sup>st</sup> day of May, 1990, as Document No. 101750, and modified on the 2<sup>nd</sup> day of November, 1996 and recorded on the 8<sup>th</sup> day of November, 1996, as Document No. 96074745, in Lake County, Indiana, has been fully paid and satisfied and the same is hereby released.

WITNESS our hands and seal, this 10<sup>th</sup> day of January 2006.

AMERICAN SAVINGS, FSB

By:

*Denise L. Knapp*  
Denise L. Knapp, Corporate Secretary

ATTEST

*Todd C. Williams*  
Todd C. Williams, Vice President



STATE OF INDIANA)

)SS:

COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, on this 10<sup>th</sup> day of January, 2006, personally appeared Denise L. Knapp, Corporate Secretary, and Todd C. Williams, Vice President, for and on behalf of AMERICAN SAVINGS, FSB, and acknowledged the execution of the foregoing Satisfaction of Mortgage.

WITNESS MY HAND and official seal:

*Betty O'Rourke*  
Betty O'Rourke, Notary Public

My Commission Expires: 1/09/08  
County of Residence: Lake

PREPARED BY TODD C. WILLIAMS OF AMERICAN SAVINGS, FSB, LENDER

RETURN TO:  
AMERICAN SAVINGS, FSB  
1001 MAIN ST.  
DYER, IN 46311



\$13

CHK# 031478  
031529  
CAM

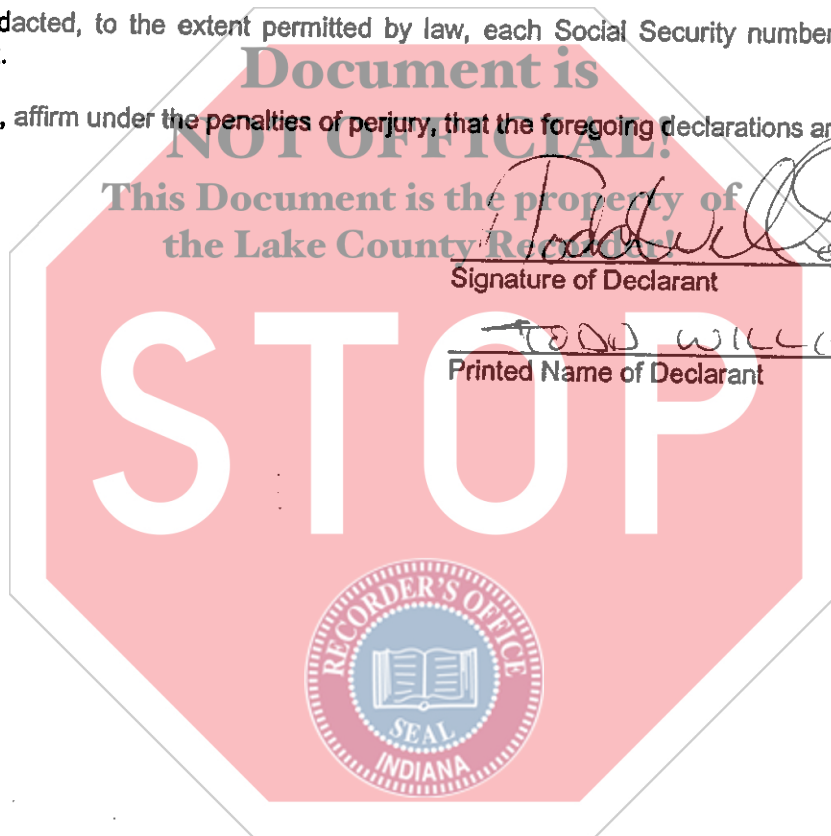
Declaration

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 the penalties of perjury, that the foregoing declarations are true.



Signature of Declarant

Printed Name of Declarant