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MICHAEL A LIAOWN RECORDER



<u>Satisfaction of Mortgage</u>

WASHINGTON MUTUAL - CLIENT 908 #:0610954018 "VALENTINE" Lender ID:F26/085/1687696592 Lake, Indiana PIF: 01/19/2006 MERS #: 100154900000102122 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$82,000.00 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: JOHN E. VALENTINE AND GLORIA J. VALENTINE, HUSBAND AND WIFE

Original Mortgagee: FIRST COMMUNITY BANK AND TRUST

Dated: 04/01/2003 Recorded: 04/15/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 038464,

In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 13311 W 169TH, LOWELL, IN 46356

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

On January 23rd, 2006

WASHINGTON MUTUAL BANK, FA NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Ву D Green, Lien Release Assistant Secretary

STATE OF Florida **COUNTY OF Duval** 

On January 23rd, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D Green, 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.

Shannon Macklin

WITNESS my hand and official seal,

Notary Expires:

Commission # DD428678

Expires May 11, 2009

(This area for notarial seal)

Prepared By: Amir Travancic, 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

\*AT\*ATWAMT\*01/23/2006 10:41:15 AM\* WAMU05WAMU000000000000003293878\* INLAKE\* 0610954018 INSTATE\_MORT\_REL \*AT\*ATWAMT\*

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.

