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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 007592

2006 FEB -1 AM 8:36

MICHAEL A. CROWN
RECORDER



Satisfaction of Mortgage

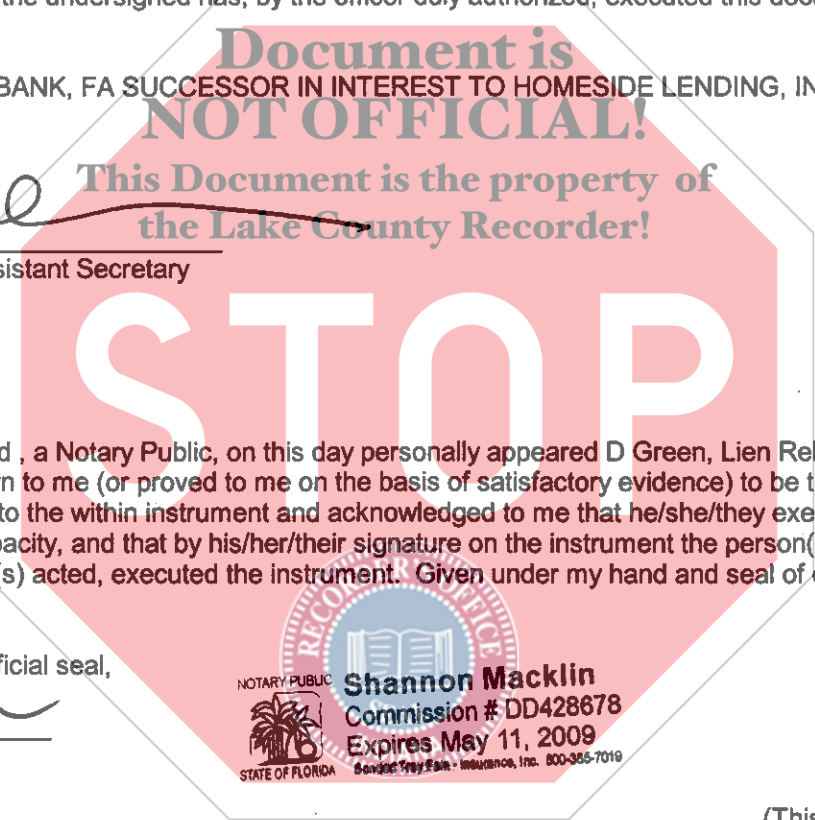
WASHINGTON MUTUAL - CLIENT 150 #:8473288523 "SHAW" Lender ID:D66/084/1668945279 Lake, Indiana PIF: 01/11/2006
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR IN INTEREST TO
HOMESIDE LENDING, INC., holder of a certain Mortgage to secure the amount of \$64,000.00 whose parties, 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: RAYMOND N. SHAW, A SINGLE PERSON
Original Mortgagee: BANC ONE MORTGAGE CORPORATION
Dated: 09/09/1998 Recorded: 09/18/1998 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 98074030, In
the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 11314 W 107TH PL, ST JOHN, IN 46373-8836

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

WASHINGTON MUTUAL BANK, FA SUCCESSOR IN INTEREST TO HOMESIDE LENDING, INC.
On January 20th, 2006

By: [Signature]
D Green, Lien Release Assistant Secretary



STATE OF Florida
COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared D Green, Lien Release Assistant
Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument. Given under my hand and seal of office, this day
January 20th, 2006.

WITNESS my hand and official seal,

[Signature]

Notary Expires: / /

(This area for notarial seal)

Prepared By: Bijana Mulahasic, 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

CK#
810103383
CAM

Prescribed by the
State Board of Accounts
(2005)

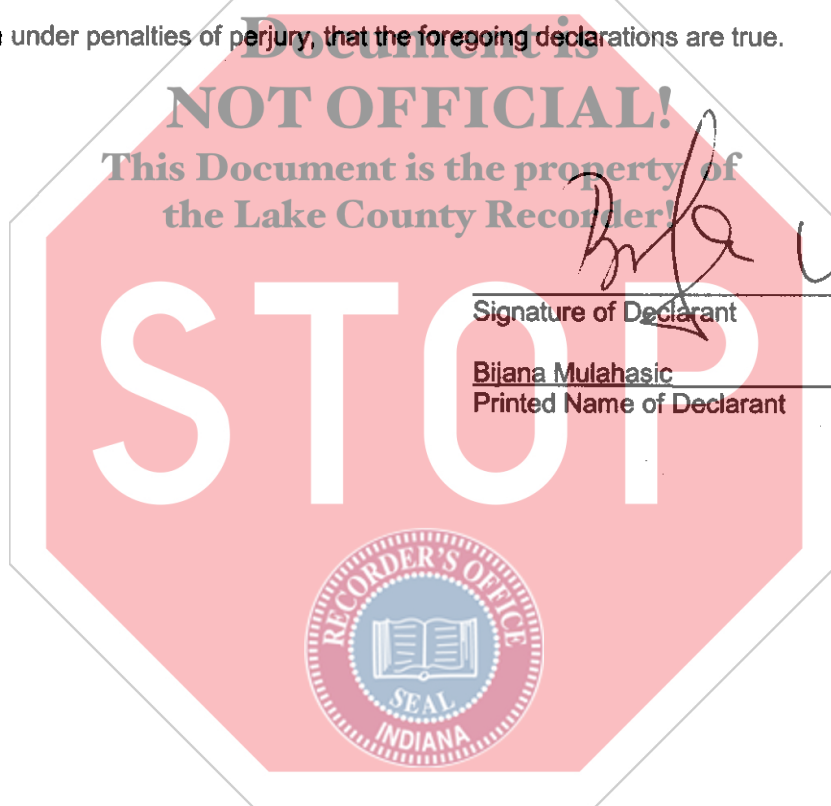
Declaration

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.



Signature of Declarant

Bijana Mulahasic
Printed Name of Declarant