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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 007803

2006 FEB - 1 10:57

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0632058087 "BARRERA" Lender ID:G63/345/0632058087 Lake, Indiana PIF: 01/24/2006
MERS #: 100029500005071273 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., holder of a certain Mortgage to secure the amount of \$91,858.00 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: MARIO A BARRERA

Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR VINEYARD MORTGAGE GROUP, INC.

Dated: 03/25/2004 Recorded: 04/08/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004 029015, In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 6710 TENNESSEE AVE, HAMMOND, IN 46323

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

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

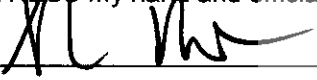
On January 26th, 2006

By: 
J Eaker, Lien Release Assistant Secretary

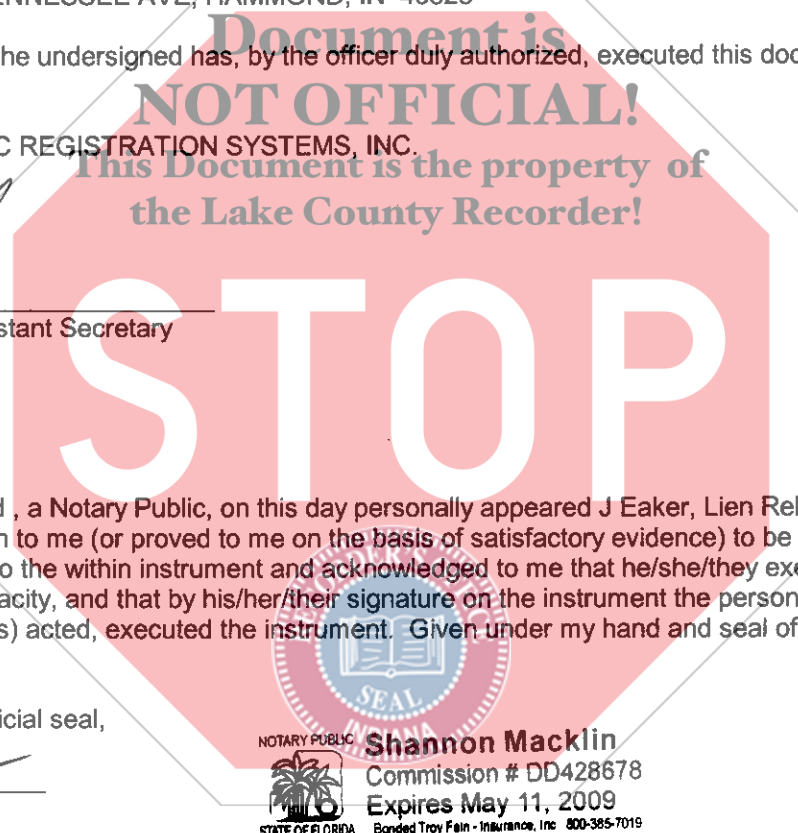
STATE OF Florida
COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared J Eaker, 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 26th, 2006.

WITNESS my hand and official seal,



Notary Expires: / /



NOTARY PUBLIC
Shannon Macklin
Commission # DD428678
Expires May 11, 2009
STATE OF FLORIDA Bonded Troy Fain - Insurance, Inc 800-385-7019

(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

1200
ck#
200194157
G.H.

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.

