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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 007805

2006 FEB -1 AM 9:58

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 150 #:8470105399 "HATCH" Lender ID:D88/572/1692235715 Lake, Indiana PIF: 01/19/2006  
MERS #: 100026300003041235 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR GN MORTGAGE CORPORATION, holder of a certain Mortgage to secure the amount of \$161,600.00 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: ROBERT D HATCH AND JERALYN I HATCH, HUSBAND AND WIFE  
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR GN MORTGAGE, LLC.  
Dated: 08/06/2003 Recorded: 08/22/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 088284,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 502E MAIN ST, LOWELL, IN 46356-1837

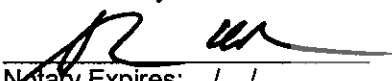
IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR GN MORTGAGE CORPORATION  
On January 26th, 2006

By:   
D Green, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On January 26th, 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.

WITNESS my hand and official seal,  
  
Notary Expires: / /

NOTARY PUBLIC  
  
Shannon Macklin  
Commission # DD428678  
Expires May 11, 2009  
STATE OF FLORIDA  
Bonded Tray Palm - Insurance, Inc. 800-365-7019

(This area for notarial seal)

Prepared By: Deloris Barnes, 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  
CL# 810104365  
G.H.

Prescribed by the  
State Board of Accounts  
(2005)

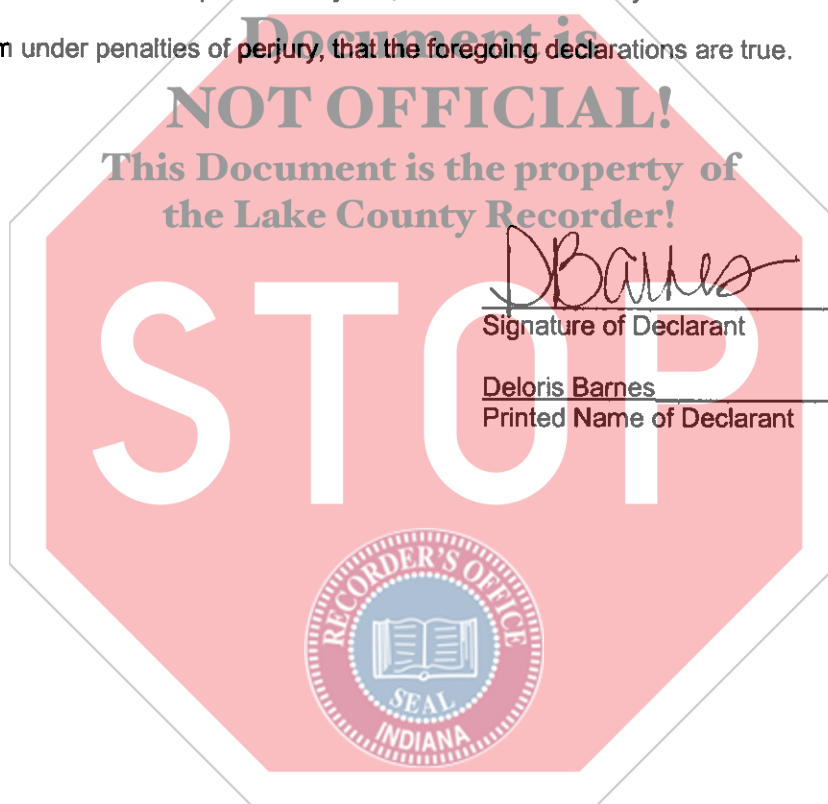
Declaration

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.



DBarnes  
Signature of Declarant

Deloris Barnes  
Printed Name of Declarant