2006 008019

2000 FCD - 2 AT 12 45

MiC:

Mortgage

CORPORATE

Satisfaction of Mortgage
CITIFINANCIAL MORTGAGE CORPORATION #:0001927589 "SPIVEY" Lender ID:11004/ESERVE Lake, Indiana PIF: 01/09/2006 KNOW ALL MEN BY THESE PRESENTS that Citifinancial Mortgage Company, Inc. Successor In Interest by merge to Associates Home Equity Services, Inc., holder of a certain Mortgage to secure the amount of \$33,364.00 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: BILLIE FAYE SPIVEY, AN ADULT

Original Mortgagee: BANC ONE MORTGAGE CORPORATION

Dated: 07/02/1998 Recorded: 07/13/1998 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 98052979, In the offices of

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

Property Address: 4173 LINCOLN STREET, GARY, IN 46408-2515

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

Citifinancial Mortgage Company, Inc. Successor In Interest by merge to Associates Home Equity Services, Inc.

On January 19th, 2006

MERHL GIBSON, Vice-President

This Document is the presenty-of

the Lake County Receivle SEAI

STATE OF Maryland **COUNTY OF Carroll**

WILLIAM YORK On January 19th, 2006, before me, Shawn Lyerly, a Notary Public in and for Carroll in the State of Maryland, personally appeared MERHL GIBSON, Vice-President, 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.

WITNESS my hand and official seal,

Shawn Lerly Notary Expires: 10/06/2008

GARY, IN 464082516

Prepared By: Lacramioara Draghici, VERDUGO TRUSTEESERVICE CORPORATION P.O. BOX9443, DEPT. 1020/ CFMC, GAITHERSBURG, MD 20898-9443 800-753-3673 When Recorded Return To: BILLIE SPIVEY 4164 LINCOLN ST

*NMA*NMACITM*01/11/2006 12:08:00 AM* THAS01THAS00000000000000057010** INLAKE* 0001927589 INSTATE_MORT_REL **LDCITM*

0000 248377

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

