

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 008187

2006 FEB - 23 10 56 AM '06

MICHAEL W. DANN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8497498603 "KING" Lender ID:G35/503/8497498603 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 \$25,394.00 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: BARRY KING AND CATHY KING
Original Mortgagee: HOMESIDE LENDING, INC
Dated: 07/16/1999 Recorded: 07/23/1999 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 99061367, In
the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 1272 DAKOTA ST, GARY, IN 46403

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 23rd, 2006

By: *D Green*
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 23rd, 2006.

WITNESS my hand and official seal,

Shannon Macklin

Notary Expires: / /

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

(This area for notarial seal)

Prepared By: April C King, 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

A

12-
8/10/03 295

Prescribed by the
State Board of Accounts
(2005)

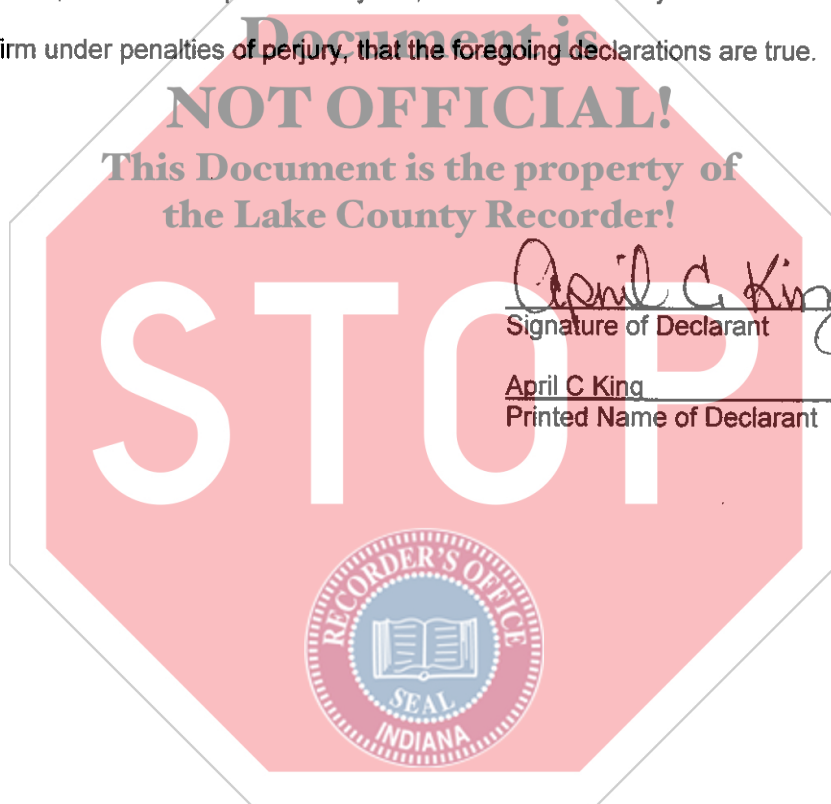
Declaration

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.



April C King

 Signature of Declarant

April C King

 Printed Name of Declarant