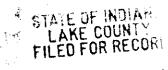
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MICHAEL A. BROWN RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 156 #:0666438577 "ROJAS" Lender ID:H38/004/6343340 Lake, Indiana PIF: 01/25/2006 KNOW ALL MEN BY THESE PRESENTS that LONG BEACH MORTGAGE COMPANY, holder of a certain Mortgage to secure the amount of \$65,075.00 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: CARLOS ROJAS

Original Mortgagee: LONG BEACH MORTGAGE COMPANY

Dated: 12/09/2004 Recorded: 12/15/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004 106493,

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

Property Address: 1220 EUCLID AVE, WHITING, IN 46394

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

LONG BEACH MORTGAGE COMPANY

On January 30th, 2006

NOT OFFICIAL

Document is

This Document is the property of the Lake County Recorder!

S Khomutova, Lien Release Assistant

Secretary

STATE OF Florida COUNTY OF Duval

On January 30th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared S Khomutova, 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

Commission # DD428678
Expires May 11, 2009

(This area for notarial seal)

Prepared By: Velida Medic, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 866-926-8937 When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179

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`\^*M*`V*MWAMT*01/30/2006 01:56:28 PM* WAMU03WAMU00000000000003304984* INLAKE* 0666438577 INSTATE_MORT_REL *V*M*V*MWAMT*

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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.

