STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 FEB -7 AM 9: 18

MICHAEL A. BROWN RECORDUR

2006 009594

Release Of Mortgage

WHEREAS the indebtedness secured by the mortgage described below has been fully paid and satisfied, CHASE MANHATTAN BANK USA, N.A.,

owner and holder of the debt, hereby declares that the lien of said mortgage is forever discharged and satisfied.

Original Mortgagee: CHASE MANHATTAN BANK USA NA Original Mortgagor: EVAN S FACEMYER, SHERI L FACEMYER

Recorded in Lake County, Indiana, on 12/10/03 as Inst. # $2003\ 130472$

Date of mortgage: 11/26/03 Amount of mortgage: \$23000.00

DATE OF SATISFACTION: 12/14/05

NOW THEREFORE, the recorder or clerk of said county is hereby instructed to record this instrument and to cancel, release, and discharge the mortgage in accordance with the regulations of said state and county.

CHASE MANHATTAN BANK USA, N.A. OFFICIAL!

This Document is the property of

the Lake County Recorder!

Shannon Blum Vice President

State of California County of Santa Clara

By:

On 12/23/2005, before me, the undersigned, a Notary Public for said County and State, personally appeared Shannon Blum, personally known to me to be the person that executed the foregoing instrument, and

acknowledged that she is Vice President of CHASE MANHATTAN BANK USA, N.A.,

and that she executed the foregoing instrument pursuant to a resolution of

its board of directors and that such execution was done as the free act and deed of CHASE MANHATTAN BANK USA, N.A..

CHASE MANHATTAN BANK USA,

Notary Paula Ward

My Commission Expires: 01/11/06

PAULA WARD COMM. 1336184

NOTARY PUBLIC - CALIFORNIA SANTA CLARA COUNTY My Comm. Expires JAN. 11, 2006

Prepared by: E. N. Harrison, Peelle Management Corporation, 4690 Longley Lane, Suite #8, Reno, NV 89502 LN# 1710589 Investor LN# 15749708 P.I.F.: 12/14/05

90864 RECON.m 13-089 IN Lake 2775:1 27

RECORDING REQUESTED BY / RETURN TO:

Peelle Management Corporation P.O. Box 30014, Reno, NV 89520-9827

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OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

MICHAEL A. BROWN Recorder



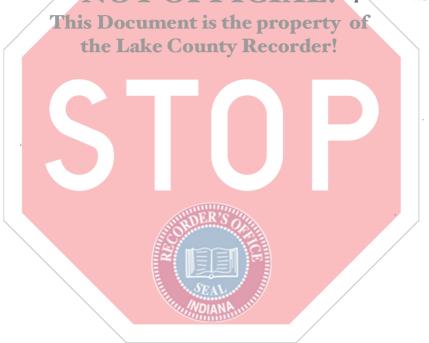
PHONE (219) 755-3730 FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

This document has been recorded as presented.

It may not meet with State of Indiana Recordation requirements.



Prescribed by the State Board of Accounts (2005)

County form 170

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 herby affirm under the penalties of perjury: 11 Recorder

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant