

2006 010206

2006 FEB - 8 AM 10: 25

MICHAEL A. BROWN
RECORDER

Release of Mortgage

DEMOTTE STATE BANK

PO BOX 346

LOWELL, IN 46356

To

JACK AND BERNADINE SWEIKERT

9907 BELSHAW ROAD

LOWELL, IN 46356

Received for record this

day of _____, 20

at _____ o'clock _____ M., and

recorded in Mortgage Record No. _____

page _____

Recorded _____ County.

Auditor's fee \$ _____

Document is NOT OFFICIAL!
1120LK06

SATISFACTION OF MORTGAGE

This Certifies, That a certain Mortgage executed by JACK L. SWEIKERT AND BERNADINE S.
SWEIKERT, HUSBAND AND WIFE

to DEMOTTE STATE BANK

on 8TH day of AUGUST, 2005, calling for \$ 7,000.00
and recorded in Mortgage Record No. _____, Page _____, Document No. 2005 073401,
LAKE County, State of Indiana, has been fully paid and satisfied, and the same
is hereby released.

WITNESS HIS hand and seal S., this 31ST day of JANUARY, 2006



BY: Guy A. Carlson
GUY A. CARLSON, EVP & BRANCH MANAGER

State of Indiana, LAKE County ss,

Before me, the undersigned, a Notary Public in and for said County,
this 31ST day of JANUARY 2006
PERSONALLY APPEARED GUY A. CARLSON, THE EXECUTIVE VICE PRESIDENT AND
BRANCH MANAGER OF DEMOTTE STATE BANK-LOWELL BANKING CENTER



acknowledged the execution of the annexed satisfaction of mortgage.

Witness my Hand and official seal

Heather F. Tate Notary Public
Resident of LAKE County

My Commission expires 1-24-2013

This instrument prepared by: HEATHER F. TATE, LOAN SECRETARY

PLEASE RETURN TO: DEMOTTE STATE BANK PO BOX 346 LOWELL, IN 46356

HOLD FOR MERIDIAN TITLE CORP

1200
MT
D

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 36-2-7.5-5, 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 foregoing declarations are true.



Signature of Declarant



Printed Name of Declarant

