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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 010480

2006 FEB -9 AM 8:48

RECORDED
RECORDER



Satisfaction of Mortgage

ALTA REAL ESTATE SERVICES, INC. #:0007138902 "TORBERT" Lender ID:S68/402378590 Lake, Indiana PIF: 01/18/2006
KNOW ALL MEN BY THESE PRESENTS that U.S. Bank National Association, as trustee, on behalf of the holders of the CSFB Home Equity Pass-Through Certificates, Series 2005-AGE1 by Select Portfolio Servicing, Inc. as Attorney in Fact, holder of a certain Mortgage to secure the amount of \$42,000.00 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.

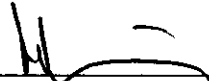
Original Mortgagor: WILLIE L. TORBERT AND WILLIE LOU TORBERT, HUSBAND AND WIFE TENANTS BY ENTIRETIES

Original Mortgagee: MERCANTILE MORTGAGE COMPANY

Dated: 03/23/2001 Recorded: 04/06/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001 025513, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 648 EAST 49TH AVENUE, GARY, IN 46409

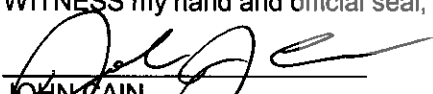
IN WITNESS WHEREOF, the undersigned has, by the officer duly authorized, executed this document.

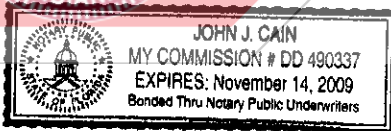
U.S. Bank National Association, as trustee, on behalf of the holders of the CSFB Home Equity Pass-Through Certificates, Series 2005-AGE1 by Select Portfolio Servicing, Inc. as Attorney in Fact POA: 08/17/2005 as Instrument No.: 2005 069941
On January 27th, 2006

By: 
M. Munoz, Document Control Officer

STATE OF Florida
COUNTY OF Duval

On January 27th, 2006, before me, JOHN CAIN, a Notary Public in and for Duval in the State of Florida, personally appeared M. Munoz, Document Control Officer, 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,

JOHN CAIN
Notary Expires: 11/14/2009 #DD 490337



(This area for notarial seal)

Prepared By: Aida Jackson, ALTA REAL ESTATE SERVICES, INC. P.O. BOX 551170, JACKSONVILLE, FL 32255 800-944-1212
When Recorded Return To:

ALTA REAL ESTATE SERVICES, INC
10401 DEERWOOD PARK BLVD.
ATTN: RECONVEYANCE DEPT.
JACKSONVILLE, FL 32256

↑

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075514
075517
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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.

