2006 010506

STATE OF INDIAN LAKE COUNTY FILED FOR RECORD

2006 FEB -9 AM 8: 50

MICHAEL A BROWN RECORDER

Satisfaction of Mortgage

CITIFINANCIAL MORTGAGE CORPORATION #:5001625655 "SIKORA" Lender ID:11004/ESERVE Lake, Indiana PIF: 01/19/2006 MERS #: 100166540219700005 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., holder of a certain Mortgage to secure the amount of \$46,800.00 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: MICHELLE SIKORA, SINGLE, NEVER MARRIED

Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

Dated: 01/07/2004 Recorded: 01/14/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004 003510, In the offices

of the County Recorder of Lake County, in the State of Indiana Property Address: 6347 CALUMET, HAMMOND, IN 46324-0000

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

Document 1s

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC On January 30th, 2006

> This Document is the property of the Lake County Recorder!

MERHL GIBSON, Vice-President

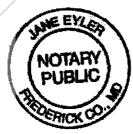
STATE OF Maryland **COUNTY OF Frederick**

On January 30th, 2006, before me, Jane Eyler, a Notary Public in and for Frederick County, in the State of Maryland, personally appeared MERHL GIBSON, Vice-President who acknowledged himself/herself to be the aforesaid officer of the above named corporation, and that he/she, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as the officer designated therein. In witness whereof I hereunto set my hand and official seal.

WITNESS my hand and official seal,

JANE EYLER

Notary Expires: 11/01/2009



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SEAL STATE OF STATE OF

Shawn Lyerly, VERDUGO TRUSTEE SERVICE CORPORATION P.O. BOX 9443, DEPT. 1020/ CFMC, GAITHERSBURG, MD Prepared By: 20898-9443 800-753-3673 When Recorded Return To:

MICHELLE SIKORA 6347 CALUMET

HAMMOND, IN 463240000

*SKD*SKDCiTM*01/23/2006 01:10:00 AM* THAS01THAS000000000000000458301** INLAKE* 5001625655 INSTATE_MORT_REL **SL1CITM*

CK000000000014

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 the penalties of perjury, that the forgoing declarations are true.

