STATE OF INDIANA FILED FOR RECORD

2006 010796

2006 FEB 10 AM 8: 56

MICHAEL A. BROWN RECORDER

Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8474920447 "BERRY" Lender ID:E57/001/1130853527 Lake, Indiana PIF: 01/27/2006 KNOW ALL MEN BY THESE PRESENTS that JPMorgan Chase Bank, N.A., s/b/m Bank One, N.A., successor in interest to Banc One Mortgage Corp., holder of a certain Mortgage to secure the amount of \$27,900.00 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: CLIMON BERRY AN ADULT

Original Mortgagee: BANC ONE MORTGAGE CORPORATION

Dated: 10/19/1993 Recorded: 10/22/1993 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 93069740, In

the offices of the County Recorder of Lake County, in the State of Indiana Property Address: 5207W 11TH AVE, GARY, IN 46406-2001

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

JPMorgan Chase Bank, N.A., s/b/m Bank One, N.A., successor in interest to Banc One Mortgage Corp.

On January 30th, 2006

is the property of the Lake County Recorder!

D Green, Lien Release Assistant Secretary

STATE OF Florida **COUNTY OF Duval**

By:

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

Shannon Macklin Commission # DD428678 Expires May 11, 2009

(This area for notarial seal)

Prepared By: Bisera Gradisic, WASHINGTON MUTUAL BANK, FA; PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937 When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179

*BG*BGWAMT*01/30/2006 03:34:29 PM* WAMU01WAMU00000000000003308486* INLAKE* 8474920447 INSTATE MORT REL *BG*BGWAMT*

12-04 810105317

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.

