2006 010873

2006 FEB 10 AM 9: 22

MICHAEL A BROWN RECORDER

Loan #: **0322786070** 

Customer #: 780

RLS #: 1124178

Page 1

SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS: that the undersigned, holder of a certain mortgage, 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: ANDREW F DOPIRIAK

Original Mortgagee: ARGENT MORTGAGE COMPANY LLC

Original Mortgage Amount: \$78,500.00

Dated: OCTOBER 11, 2004 Recorded on: OCTOBER 20, 2004 as Instrument No. 2004-089610 in

DRAWER: --- at CARD: ---

Property Address: 1501 EAST NORTH ST HOBART IN 46342

County of LAKE, State of INDIANA

IN WITNESS WHEREOF, THE UNDERSIGNED, BY THE OFFICER DULY AUTHORIZED, HAS DULY EXECUTED THE FOREGOING INSTRUMENT ON JANUARY 27, 2006

Beneficiary:

HOMEQ SERVICING CORPORATION ATTORNEY IN FACT FOR WELLS FARGO BANK,

NA, AS TRUSTEE

By:

inda J. Wheeler, Vice President

This Document is the property of

State of

CALIFORNIA

the Lake County Recorder!

County of SACRAMENTO

On JANUARY 27, 2006, before me, \_\_\_\_\_\_\_\_, a Notary Public, personally appeared Linda J. Wheeler, Vice President 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(ies) and that by his/her/their signature(s) 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.

(Notary Name):

K. Munoz

K. MUNOZ
COMMISSION #1474918
NOTARY PUBLIC -- CALIFORNIA
SACRAMENTO COUNTY
MY COMM. EXPIRES MAR 7, 2008

PREPARED BY: PRINCETON RECONVEYANCE SERVICE: P O BOX 13309

Mailcode #CA3501 Sacramento, CA 95813-3309 Jim Rogers

Recording Requested By:

PRINCETON RECONVEYANCE SERVICE

And When Recorded Mail To:

PRINCETON RECONVEYANCE SERVICE P O BOX 13309

Mailcode #CA3501

Sacramento, CA 95813-3309

34 58962408

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:
  - 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 declaration are true.

Signature of Declarant

Printed Name of Declarant

Filliced Name of Declarate