



2006 011366

2006 FEB 13 AM 10: 23

MICHAEL A BROWN

Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0614654804 "MARSHALL" Lender ID:F49/720/1694239723 Lake, Indiana PIF: 02/01/2006 KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$268,850.00 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: KEVIN K MARSHALL

Original Mortgagee: AMERICAN FIDELITY MORTGAGE SERVICES, INC.

Dated: 12/08/2003 Recorded: 12/12/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 131126,

In the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 9198 WRIGHT ST, MERRILVILLE, IN 46410

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

WASHINGTON MUTUAL BANK, FA

On February 2nd, 2006

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

J Eaker, Lien Release Assistant Secretary

STATE OF Florida COUNTY OF Duval

On February 2nd, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J Eaker, 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.

WITNES my hand and official seal,

Notary Expires: /

Shannon Macklin
Commission # DD428678
Expires May 11, 2009
STATE OF RORDA
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

Prepared By: Amir Travancic, 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

JACKSONVILLE

\*AT\*ATWAMT\*02/02/2006 02:42:44 PM\* WAMU05WAMU000000000000003320047\* INLAKE\* 0614654804 INSTATE\_MORT\_REL \*AT\*ATWAMT\*

200196289

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.

