

2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 011388

2006 FEB 13 AM 10:31

MICHAEL A. BROWN  
RECORDER

**SECOND MORTGAGE CERTIFICATE OF RELEASE AND SATISFACTION**

IHFA LOAN NUMBER AND LAST NAME: 1939D - Paredes

For valuable consideration, it is hereby certified that a certain mortgage, in favor of Indiana Housing Finance Authority and executed by Maria G. Paredes, on the 28th day of December, 2000, which mortgage was duly recorded as Document Number 2001 000470 or in Mortgage Record N/A at page N/A in the office of the Recorder of Lake County, Indiana, on the 3rd day of January, 2001, is satisfied and the mortgage is hereby released, Dated this 3rd day of January, 2006.

INDIANA HOUSING FINANCE AUTHORITY

*David A. Kaufmann*  
Signature  
David A. Kaufmann - Program Policy and Research Manager  
Typed Name and Title

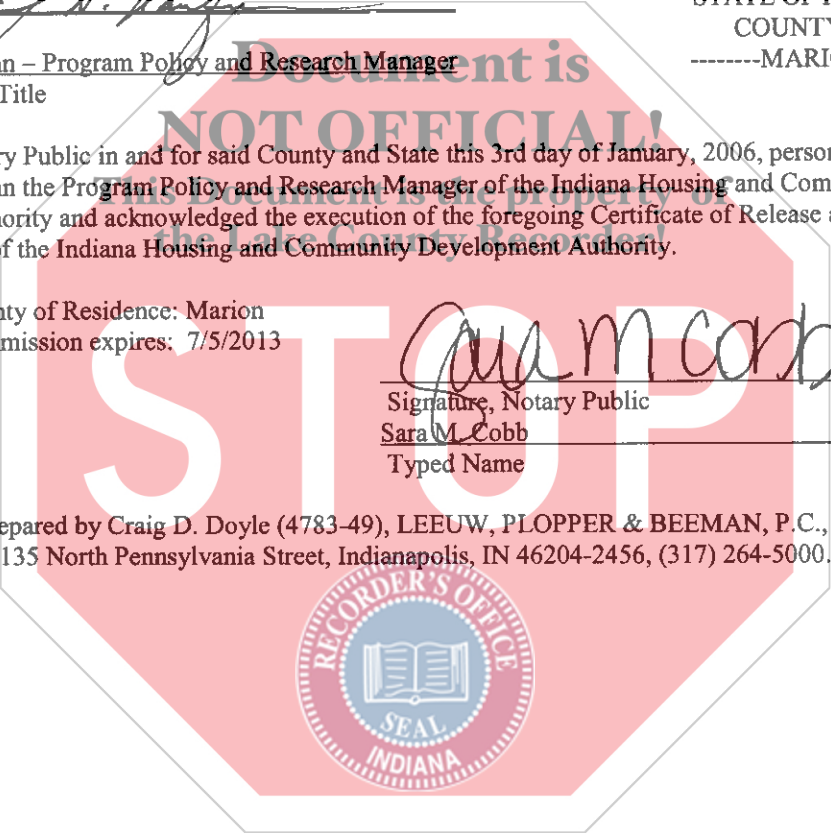
STATE OF INDIANA)  
COUNTY OF ) SS:  
-----MARION-----)

Before me, a Notary Public in and for said County and State this 3rd day of January, 2006, personally appeared David A. Kaufmann the Program Policy and Research Manager of the Indiana Housing and Community Development Authority and acknowledged the execution of the foregoing Certificate of Release and Satisfaction for and on behalf of the Indiana Housing and Community Development Authority.

S County of Residence: Marion  
T Commission expires: 7/5/2013  
A  
M  
P

*Sara M. Cobb*  
Signature, Notary Public  
Sara M. Cobb  
Typed Name

This instrument prepared by Craig D. Doyle (4783-49), LEEUW, PLOPPER & BEEMAN, P.C., First Indiana Plaza, Suite 2000, 135 North Pennsylvania Street, Indianapolis, IN 46204-2456, (317) 264-5000.  
[HM110/OCT96]



\$12  
CK# 34198  
CAM

Prescribed by the  
State Board of Accounts  
(2005)

County form 170

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 number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

KAREN GATEWOOD

Printed Name of Declarant