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2006 FEB 14 AM 8:42

MICHAEL A. BROWN
RECORDER

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Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0072849268 "SHUDICK" Lender ID:F18/337/1681734679 Lake, Indiana PIF: 01/27/2006
MERS #: 100021800036418420 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHTENAW MORTGAGE COMPANY, holder of a certain Mortgage to secure the amount of \$74,000.00 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: ROSEMARY A SHUDICK
Original Mortgage: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR WASHTENAW MORTGAGE COMPANY
Dated: 06/14/2002 Recorded: 06/20/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2002 056444,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 1811 W 63RD AVENUE, MERRILLVILLE, IN 46410

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

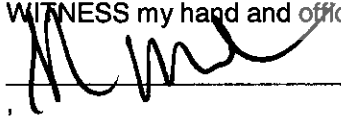
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHTENAW MORTGAGE COMPANY
On February 3rd, 2006

By: 
J Eaker, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared J Eaker, Lien Release Assistant Secretary, 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, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. Given under my hand and seal of office, this day February 3rd, 2006.

WITNESS my hand and official seal,



Notary Expires: / /

NOTARY PUBLIC

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

(This area for notarial seal)

Prepared By: Gary Miller, 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

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