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LAKE COUNTY  
FILED FOR RECORD

2006 014675

2006 FEB 24 AM 9:14

When Recorded Mail to  
Nationwide Title Clearing  
2100 Alt. 19 North  
Palm Harbor, FL 34683  
Loan No: 0006386265

MICHAEL A. BROWN  
RECORDER

**RELEASE OF MORTGAGE**

**THIS CERTIFIES** that a mortgage executed by:  
**WILLIAM R. WEAVER**  
to **INLAND EMPLOYEES FEDERAL CREDIT UNION**  
dated 07/28/1993 , and recorded in Book Page ,  
Instrument No. 93050711 of LAKE County, Indiana,  
has been fully paid and satisfied, and the same is hereby released.

**THIS 12TH DAY OF DECEMBER IN THE YEAR 2005**

**INLAND EMPLOYEES FEDERAL CREDIT UNION**

*No Seal*  
(seal)

**Document is NOT OFFICIAL!**

BY: *Laverne Ramirez*  
LAVERNE RAMIREZ / Lending Supervisor

This Document is the property of  
the Lake County Recorder!

STATE OF INDIANA  
COUNTY OF LAKE

Before me the undersigned, a Notary Public in and for said county  
and State, this ~~29th~~ day of December 2005, personally  
appeared the  
of INLAND EMPLOYEES FEDERAL CREDIT UNION  
and acknowledged the execution of the foregoing Release of Mortgage.  
In witness whereof I have subscribed my name and affixed my official  
seal.

*Susan P. Sullivan*  
SUSAN P SULLIVAN  
Notary Public



This instrument was prepared by:  
J. Lesinski/NTC, 2100 Alt. 19 North, Palm Harbor, FL 34683 (800)346-9152

form1/RCNIN3

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PWO730804

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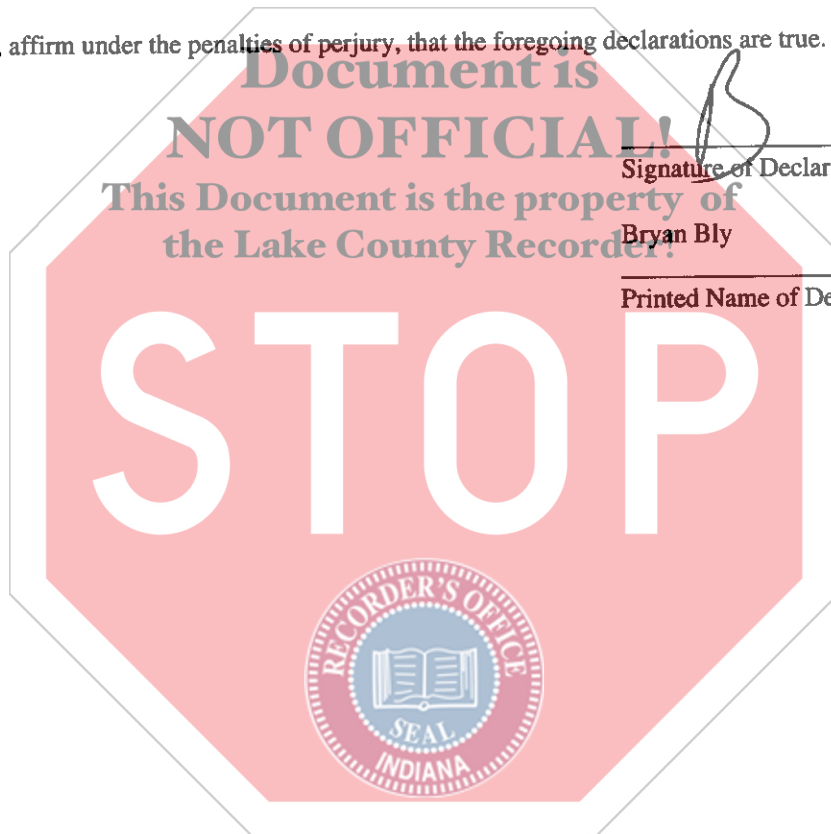
Declaration

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 the penalties of perjury, that the foregoing declarations are true.



  
Signature of Declarant

Bryan Bly

Printed Name of Declarant