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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 015043

2006 FEB 27 AM 8:44

REC'D BY: BROWN



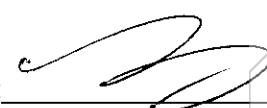
**Satisfaction of Mortgage**

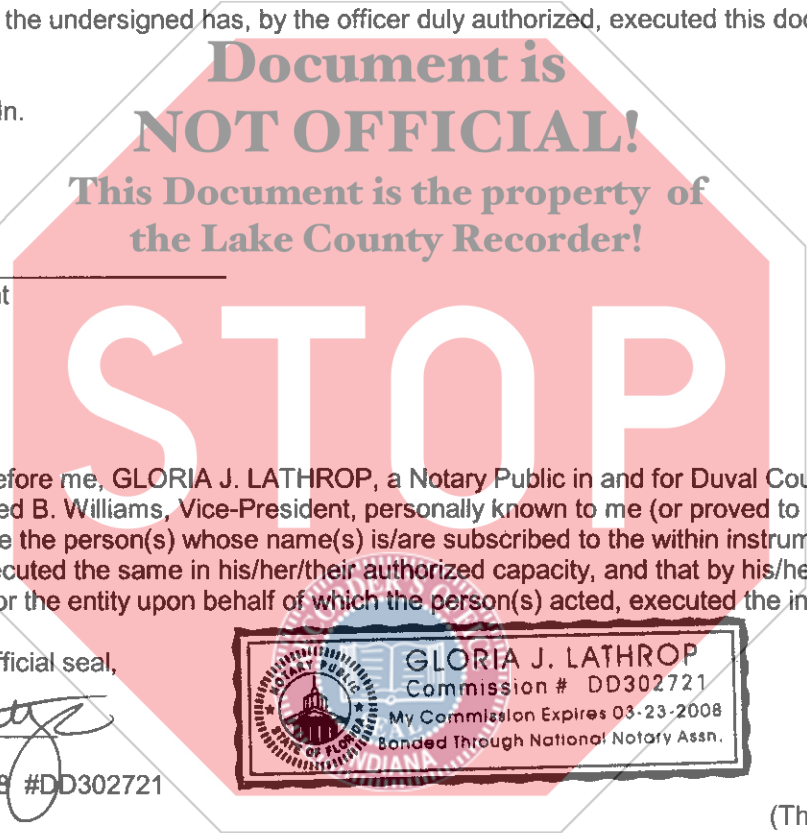
ALTA REAL ESTATE SERVICES, INC. #:8514018616 "GIVENS" Lender ID:295 Lake, Indiana  
KNOW ALL MEN BY THESE PRESENTS that EquiCredit Corporation of In., holder of a certain Mortgage to secure the amount of \$20,500.00 whose parties, dates and recording information are below, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said Mortgage.

Original Mortgagor: SIDNEY GIVENS, A MARRIED MAN  
Original Mortgagee: EQUICREDIT CORPORATION OF IN.  
Dated: 06/09/1999 Recorded: 06/19/1999 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 99050443, In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 848 FLOYD STREET, GARY, IN 46403

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

EquiCredit Corporation of In.  
On February 2nd, 2006


By:   
B. Williams, Vice-President



STATE OF Florida  
COUNTY OF Duval

On February 2nd, 2006, before me, GLORIA J. LATHROP, a Notary Public in and for Duval County, in the State of Florida, personally appeared B. Williams, 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, 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.

WITNESS my hand and official seal,

  
GLORIA J. LATHROP  
Notary Expires: 03/23/2008 #DD302721



(This area for notarial seal)

Prepared By: Aida Jackson, ALTA REAL ESTATE SERVICES, INC. P.O. BOX 551170, JACKSONVILLE, FL 32255 800-944-1212  
When Recorded Return To:

ALTA REAL ESTATE SERVICES, INC  
10401 DEERWOOD PARK BLVD.  
ATTN: RECONVEYANCE DEPT.  
JACKSONVILLE, FL 32256

↑

\$12

CK#  
0000079526  
Cam

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.



*Aida Jackson*

Signature of Declarant

Aida Jackson

Printed Name of Declarant