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STATE OF MOTAS:

LAKE COUNTY
FILED FOR RECORD

2006 015439

2006 FEB 28 AM 8: 41

MICHAEL A BROWN

AMERICAN

RELEASE OF MORTGAGE

GENERAL FINANCIAL SERVICES

This certifies, that a certain mortgage executed by CRYSTAL D CARLOT	Ctate of TV to
City of HOBART County of LAKE State of IN to	
AMERICAN GENERAL FINANCIAL SERVICES, INC.	
6701 BROADWAY STE 1A	
MERRILLVILLE, IN 46410-3531	
County, LAKE , on MAY 17, 2004 , se	ecuring the principal sum, of
\$ 7204,43 and duly recorded in Mortgage Book Page _	, or as Instrument Number
2004040503 , in the Office of the LAKE C	ounty, <u>INDIANA</u>
2004040503 , in the Office of the LAKE County, INDIANA has been fully paid and satisfied, and same is hereby released.	
IN WITNESS WHEREOF, the Undersigned has hereunto set its hand by its properly authorized offices this	
22nd day of February, 2006.	
AMERICAN GENERAL FINANCIAL S	ERVICES, INC.
Jelou Jech	
By Branch Manager	and Attorney-in-Fact
COUNTY OF PORTER	AL:
	and the state of t
The undersigned, a Notary Public, in and for the State and County	atoresaid, does nereby certify that
the foregoing Release was this day produced to me in said County	nager and Attorney-in-Fact, of said
SCOTT JACOBS Branch Mai	lager and Attorney-III-1 dot, or said
ATTENTICAN GENERAL THANCIAL SERVICES. INC.	, to be the act and deed of
AMERICAN GENERAL FINANCIAL SERVICES, INC.	
	, and the act and deed of
SCOTT JACOBS Branch Manager and A	ttorney-in-Fact.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this_	22nd day of February , 2006.
My Commission expires	
Jill M. S	
Notary Public, PORTER	County,
State of INDIANA	
This instrument was prepared by	
KELLI ALLEN	
UN2561 (10-13-02) Release of Mortgage	(Signed)
VI VOIAN AUGUST	(Olginos)
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	1200 491 042016491
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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 herby affirm under the penalties of perjury: **Neconder**!

- 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

Printed Name of Declarant