

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 015530

2006 FEB 28 AM 8:54

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8474801423 "KRALIK" Lender ID:C32/001/0689414021 Lake, Indiana PIF: 02/15/2006
KNOW ALL MEN BY THESE PRESENTS that JPMorgan Chase Bank, N.A., s/b/m Bank One, N.A., successor in interest to Banc One Mortgage Corp., holder of a certain Mortgage to secure the amount of \$120,000.00 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: DAVID A. KRALIK, TITLE BY THE SEVERALTY
Original Mortgagee: BANC ONE MORTGAGE CORPORATION
Dated: 04/01/1993 Recorded: 04/07/1993 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 93021906, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 219 E SOUTH STREET, CROWN POINT, IN 46307-4432

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

JPMorgan Chase Bank, N.A., s/b/m Bank One, N.A., successor in interest to Banc One Mortgage Corp.
On February 21st, 2006

By: 
D Green, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On February 21st, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D Green, Lien Release Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,


Notary Expires: 11



(This area for notarial seal)

Prepared By: Shilonda Peterson, 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

*SP*SPWAMT*02/21/2006 09:50:31 AM* WAMU01WAMU00000000000000003344410* INLAKE* 8474801423 INSTATE_MORT_REL *SP*SPWAMT*

12-
CK810108821
BB

Prescribed by the
State Board of Accounts
(2005)

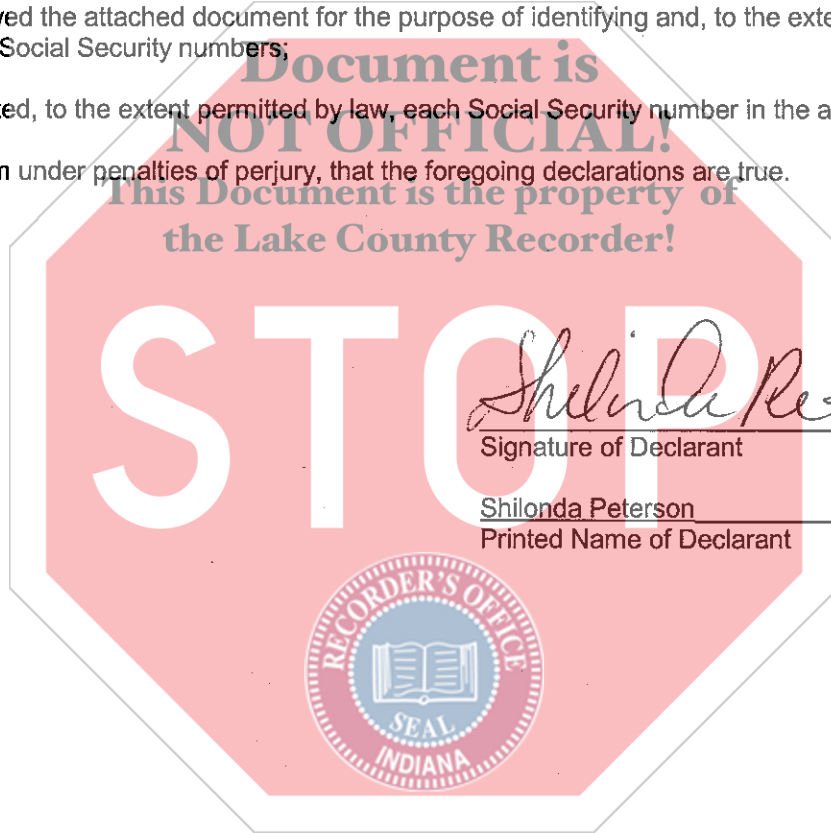
Declaration

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.



Shilonda Peterson

Signature of Declarant

Shilonda Peterson

Printed Name of Declarant