

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 015554

2006 FEB 28 AM 8:58

MICHAEL A BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0068643048 "TRATEBAS" Lender ID:F10/439/1680038462 Lake, Indiana PIF: 02/16/2006
MERS #: 100015902147123762 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., holder of a certain Mortgage to secure the amount of \$75,000.00 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: ROBERT R TRATEBAS AND PAULA L TRATEBAS
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC AS NOMINEE FOR CTX MORTGAGE COMPANY, LLC
Dated: 12/14/2001 Recorded: 12/20/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001-104538,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 9820 KENNEDY AVENUE, HIGHLAND, IN 46322

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

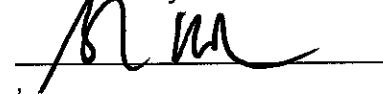
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
On February 21st, 2006

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 21st, 2006.

WITNESS my hand and official seal,



Notary Expires: / /

NOTARY PUBLIC

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

(This area for notarial seal)

Prepared By: Suzana Mulahmetovic, 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



12-
200199516

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.

