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2006 FEB 28 AM 8:58

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8467450527 "DASH" Lender ID:D40/786/1665343825 Lake, Indiana PIF: 02/14/2006
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR IN INTEREST TO
HOMESIDE LENDING, INC., holder of a certain Mortgage to secure the amount of \$40,000.00 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: ELAINE J DASH
Original Mortgagee: CUSTOM MORTGAGE, INC.
Dated: 12/09/1996 Recorded: 12/17/1996 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 96082809
ReRecorded 01/02/1997 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 97000073, In the offices of the
County Recorder of Lake County, in the State of Indiana
Property Address: 217N ASH ST, HOBART, IN 46342

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

WASHINGTON MUTUAL BANK, FA SUCCESSOR IN INTEREST TO HOMESIDE LENDING, INC.
On February 22nd, 2006

By: [Signature]
D Green, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On February 22nd, 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,

[Signature]
Notary Expires: / /



(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

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810109104
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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.

