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**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 156 #:0676268790 "KEARNEY" Lender ID:R85/001/676268790 Lake, Indiana PIF: 02/15/2006  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$124,000.00 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: JAMES F KEARNEY  
Original Mortgagee: WASHINGTON MUTUAL BANK FA, A FEDERAL ASSOCIATION  
Dated: 08/19/2004 Recorded: 08/26/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004 072927,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 15500 W 101ST AVE, DYER, IN 46311

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

WASHINGTON MUTUAL BANK, FA  
On February 23rd, 2006

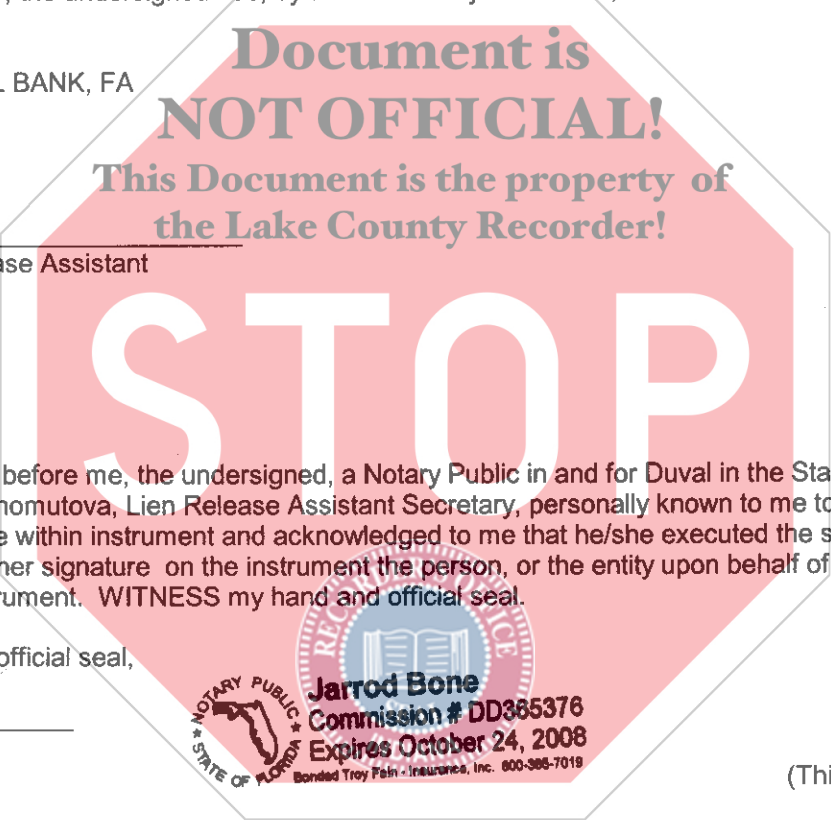
By: [Signature]  
S Khomutova, Lien Release Assistant  
Secretary

STATE OF Florida  
COUNTY OF Duval

On February 23rd, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared S Khomutova, 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: Bisera Gradisic, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 866-926-8937  
When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



CKFF  
910085834  
12.02  
D.D.M.

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.



Biseria Gradisic  
Signature of Declarant

BISERIA GRADISIC  
Printed Name of Declarant