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LAKE COUNTY
FILED FOR RECORDING

2006 016104

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DOWN



Satisfaction of Mortgage

FIFTH THIRD BANK #:01231100858199680 "SAYKA" Lake, Indiana PIF: 02/08/2006
KNOW ALL MEN BY THESE PRESENTS that FIFTH THIRD BANK SUCCESSOR IN INTEREST TO FIFTH THIRD BANK (CHICAGO), holder of a certain Mortgage to secure the amount of \$45,000.00 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: ARLENE KOUVELAS AND RICHARD SAYKA
Original Mortgagee: FIFTH THIRD BANK (CHICAGO)
Dated: 04/27/2005 Recorded: 05/26/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005 043043,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 6938 VANBUREN PLACE, MERRILLVILLE, IN 46410

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

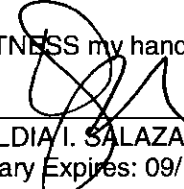
FIFTH THIRD BANK SUCCESSOR IN INTEREST TO FIFTH THIRD BANK (CHICAGO)
On February 10th, 2006

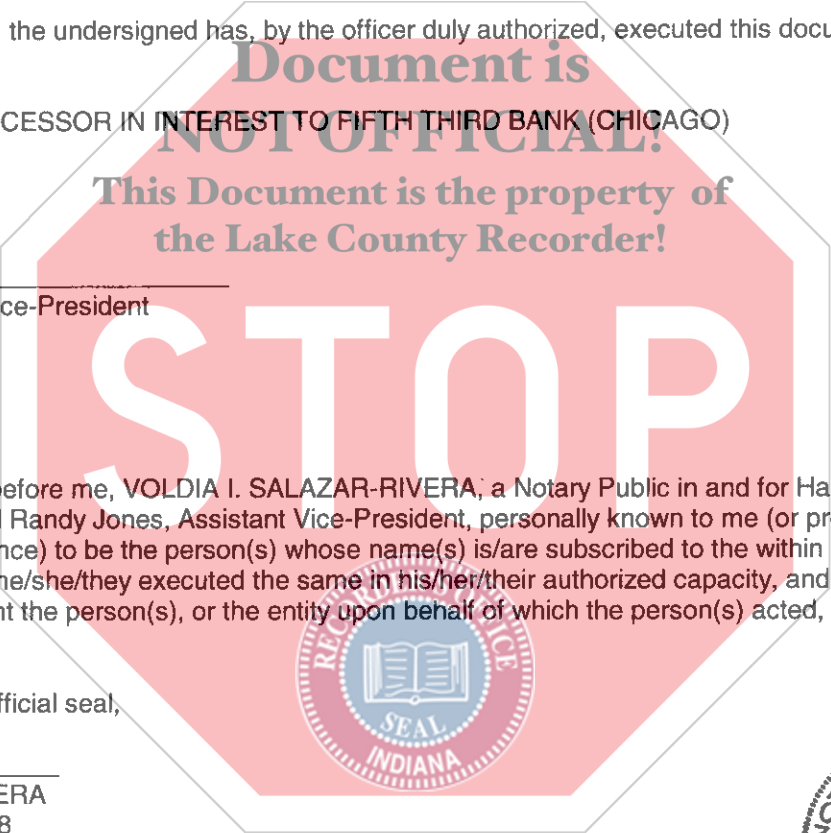
By: 
Randy Jones, Assistant Vice-President

STATE OF Ohio
COUNTY OF Hamilton

On February 10th, 2006, before me, VOLDIA I. SALAZAR-RIVERA, a Notary Public in and for Hamilton in the State of Ohio, personally appeared Randy Jones, Assistant Vice-President, 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.

WITNESS my hand and official seal,


VOLDIA I. SALAZAR-RIVERA
Notary Expires: 09/18/2008



Prepared By: Susan Ormond, FIFTH THIRD BANK 5050 KINGSLEY DRIVE, CINCINNATI, OH 45263 513-358-7722
When Recorded Return To:
JERI MICKENS
FIFTH THIRD BANK
38 FOUNTAIN SQUARE PLAZA
MD# 1MOBB1
CINCINNATI, OH 45273

ck#
0000961938
12.00
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.

