

2.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 016805

2006 MAR -2 AM 8:52

MICHAEL A. BROWN
RECORDER

When recorded return to: Washtenaw Mortgage Co.
P.O. Box 989 Ann Arbor, MI 48106-0989
Loan Number: 0003079712

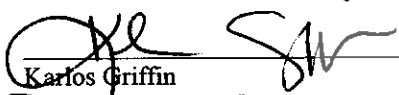
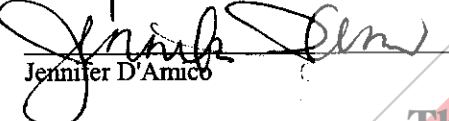
SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, that a certain mortgage/deed of trust dated 4/17/2001 made and executed by LADONNA HARRIS, and MICHAEL HARRIS to Washtenaw Mortgage Company and recorded in the Register's Office for the county of LAKE in the state of IN in Doc 2001 030249 Liber/Book page(s) to on 4/25/2001 has been paid in full and is hereby satisfied and discharged.

ASSIGNED TO WASHTEENAW MORTGAGE COMPANY, INC.
on Doc WMCO Liber/Book page

WITNESSES

WASHTEENAW MORTGAGE COMPANY, INC.


Karlos Griffin

Jennifer D'Amico


John Wackerle, Vice President



DATE OF EXECUTION: January 17, 2006

STATE OF MICHIGAN, COUNTY OF WASHTEENAW ss.

On this day January 17, 2006 before me personally appeared John Wackerle, Vice President of Washtenaw Mortgage Company known to be the person I named in and who executed the above instrument, and acknowledged that he executed the same for the intent and purpose therein mentioned.

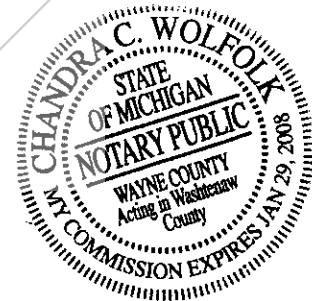
My commission expires: 1-29-2008


Notary Public, Michigan

Instrument drafted by: Chandra C. Wolfolk

Washtenaw Mortgage Company
P. O. Box 989
Ann Arbor, MI 48106-0989
1-734-662-9733

Property ID Number: 01-39-0145-0004
Property known as: 4929 HAYES ST
GARY, IN 46404



\$12
CK# 227084
CAM

Prescribed by the
State Board of Accounts
(2005)

County form 170

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 number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Chandrea C. Wolfolk
Signature of Declarant

Chandrea C. Wolfolk
Printed Name of Declarant