

2006 020116

2006 MAR 10 AM 10:39

MICHAEL A. BROWN

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. SELECTING A FORM OF INSTRUMENT, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

# RELEASE OF MORTGAGE

For valuable consideration, it is certified that a certain mortgage executed by ISRAEL PEREZ, JR. and IGNACIA E. PEREZ, on the 18th day of November, 2005, securing the principal sum of Six Thousand Eight Hundred Fifty and 00/100 Dollars (\$ 6,850.00 )

which mortgage was duly recorded (as Document Number 2005 105129) in the Office of the Recorder of Lake County, Indiana, on the 30th day of November, 2005, is released and satisfied. Dated this 24th day of February, 2006

Signature

Signature

AKRAM FARES

Printed

Printed

By:

By:

(PRINTED NAME AND OFFICE)

(PRINTED NAME AND OFFICE)

STATE OF INDIANA, COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared

AKRAM FARES

**NORTHWEST INDIANA TITLE SERVICES, INC.**

162 Washington Street  
Lowell, Indiana 46356

219-696-0100

and acknowledged the execution of the foregoing Release of Mortgage to be his, her or their voluntary act and deed.

Witness my hand and notarial seal this 24th day of February, 2006

My commission expires: 12/17/06

Signature

*Elsie P. Trznadel*

Resident of Lake County Printed ELSIE P. TRZNADBL, Notary Public

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared

\_\_\_\_\_ and \_\_\_\_\_, the \_\_\_\_\_ and \_\_\_\_\_ respectively of \_\_\_\_\_, who acknowledged

the execution of the foregoing Release of Mortgage as such officers, for and on the behalf of said corporation.

Witness my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_

Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

This instrument was prepared by David E. Wickland Attorney at Law, Attorney No. 1231-45

MAIL TO: 8146 Calumet Avenue, Munster, IN 46321



12-14  
12704  
1255

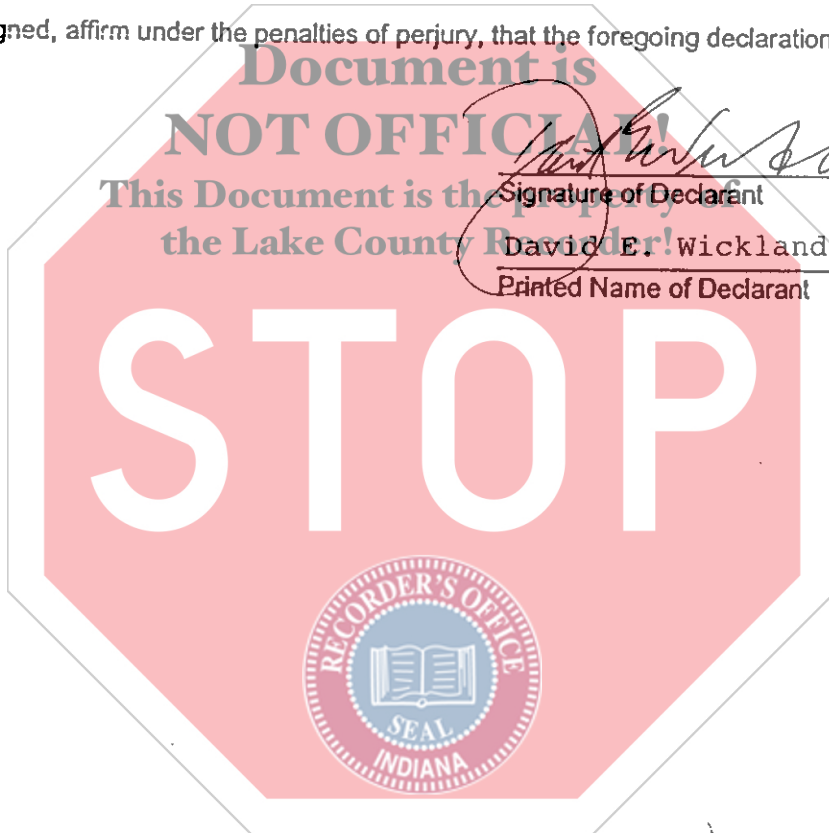
Declaration

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 the penalties of perjury, that the foregoing declarations are true.



*David E. Wickland*  
\_\_\_\_\_  
Signature of Declarant

David E. Wickland, Attorney at Law  
\_\_\_\_\_  
Printed Name of Declarant