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MICHAEL A EROWN RECOODER

STATE OF INDIANA SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS that OCWEN LOAN SERVICING, LLC holder of a certain mortgage to secure the amount of \$ 41,200.00 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: ORIGINAL MORTGAGEE: DATED: RECORDED DATE: BOOK:	VERA K. PAINE FIFTH THIRD BANK (CHICAGO) AUGUST 06, 2001 8-16-01
PAGE:	through
DOC/INSTRUMENT: PROPERTY ADDRESS: COUNTY: APN #:	<u>3001-065544</u> 4435 KENTUCKY STREET, GARY, INDIANA LAKE, INDIANA 25-47-0141-0005
IN WITNESS WHEREOF, the said OCWEN LOAN SERVICING, LLC by Paul Neff, Servicing Officer on FEBRUARY 03, 2006, has hereunto set its corporate name and seal.	
STATE OF FLORIDA	By: Name: Paul Neff Title: Servicing Officer
COUNTY OF PALM BEACH	}SS. '
The foregoing instrument was acknowledged before me, the undersigned Notary, on FEBRUARY 03, 2006, by Paul Neff, Servicing Officer of OCWEN LOAN SERVICING, LLC, on behalf of the company. Paul Neff is personally known to me. Witness my Hand and Seal of Office. Notary Public - State of Florida	
Prepared by: BHARTI SHARMA OCWEN LOAN SERVICING, LLC	W. WOIANA HILLI
1661 Worthington Road, Suite 100	
West Palm Beach, Florida 33409	Notary Public State of Florida
Loan Number: 34474767 0205 S Investor # 2428	Noemi Morales My Commission DD478884 Expires 10/05/2009

wnen Recorded Mail 10: Financial Dimensions, Inc. 1400 Lebanon Church Road Pittsburgh, PA 15236

M BLBYYL

of 186237

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 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.

This Document is signature of Declarant the Lake County Recorder!

Printed Name of Declarant