

CERTIFICATE OF RELEASE

Date: 03/06/06
Title Order No.: 06-07697

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 MAR 16 PM 3:08

2006 022054

MICHAEL A. BROWN
RECORDER

- (1) Name of Mortgagor(s):
Margarita Acosta and David Barrera=;
- (2) Name of Mortgagee:
HOMECOMINGS;
- (3) Mortgage Recorded Document
No. 20046733;
- (4) The above referenced mortgage
has been paid in accordance
with the payoff statement received from: HOMECOMINGS, and there is no
objection from the mortgagee or its successor in interest to the recording of
this Certificate of Release.
- (5) The person executing this Certificate of Release is an officer or duly appointed
agent of a title insurance company authorized and licensed to transact the
business of insuring interests in title to real property in this State pursuant
to Section 30 of this Act [765 ILCS 935/30].
- (6) This Certificate of Release is made on behalf of the mortgagor or a person who
acquired title from the mortgagor to all or part of the property described in the
mortgage.
- (7) The Mortgagee provided a payoff statement.
- (8) The property described in the Mortgage is as follows: See Attached Legal
Description

Permanent Index Number: 26-34-0141-0016

Common Address: 43 WARREN ST., APT A, HAMMOND, IN 46320

LAWYERS TITLE INSURANCE CORPORATION

By [Signature]
Signature of Officer or Representative

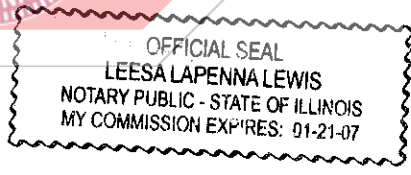
BARBARA A. WILLIAMS

State of Illinois }
County of Cook } ss

This Instrument was acknowledged before me on 03/06/06 by BARBARA A. WILLIAMS as
Officer for or Agent of Lawyers Title Insurance Corporation.

[Signature]
Notary Public

Prepared by and return to:
LAWYERS TITLE INSURANCE CORP.
1375 E WOODFIELD RD #120
SCHAUMBURG, IL 60173
847-240-2020 fax 847-240-2260



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11317
B

LaSalle Insurance Services - Title Division
2167 Fifteen Mile Road Suite 105
Sterling Heights, MI 48310

Exhibit "A"

Lots 15 and 16 in Block 2 in Homewood Addition to Hammond, as per plat thereof recorded in Plat Book 2 page 29, in the Office of the Recorder of Lake County, Indiana.

43 Warren Street
Hammond, Indiana 46320

26-34-0141-0016



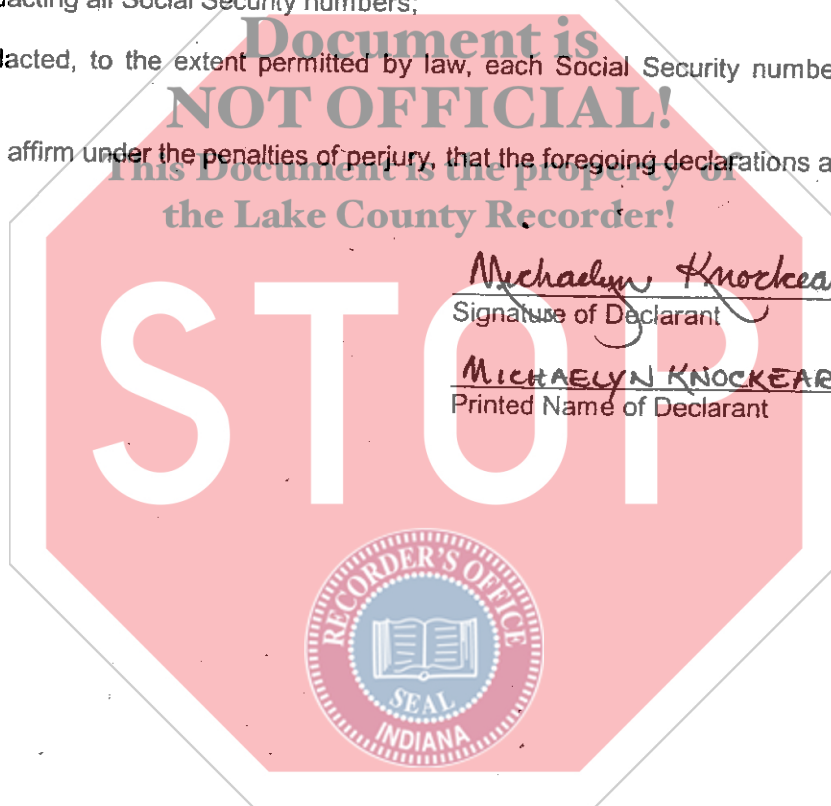
Declaration

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.



Michaelyn Knockeart

Signature of Declarant

MICHAELYN KNOCKEART

Printed Name of Declarant