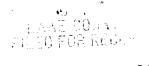


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MG: TO TROWN



Satisfaction of Mortgage

CITIFINANCIAL MORTGAGE CORPORATION #:0000219345 "CROCKER" Lender ID:11032/ESERVE Lake, Indiana PIF: 02/24/2006 KNOW ALL MEN BY THESE PRESENTS that Associates Finance, Inc., holder of a certain Mortgage to secure the amount of \$17,600.00 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: ALLISON CROCKER, UNMARRIED Original Mortgagee: HARBOR FINANCIAL GROUP, LTD.

Dated: 06/23/1995 Recorded: 06/23/1995 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 95035575, In

the offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 913 CENTRAL AVE, GARY, IN 46407-1515

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

Associates Finance, Inc.
On March 8th, 2006

NOT OFFICIAL!

This Document is

By:
MERHL GIBSON, Vice-President

STATE OF Maryland
COUNTY OF Frederick

On March 8th, 2006, before me, Jane Eyler, a Notary Public in and for Frederick County, in the State of Maryland, personally appeared MERHL GIBSON, Vice-President who acknowledged himself/herself to be the aforesaid officer of the above named corporation, and that he/she, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as the officer designated therein. In witness whereof I hereunto set my hand and official seal,

WITNESS my hand and official seal,

JANE EYLER

Notary Expires: 11/01/2009

NOTARY PUBLIC

Prepared By: Lacramioara Draghici, VERDUGO TRUSTEESERVICE CORPORATION P.O. BOX9443, DEPT. 1020/ CFMC, GAITHERSBURG, MD 20898-9443 800-753-3673

When Recorded Return To: ALLISON CROCKER 913 CENTRAL AVE GARY, IN 464071515



\*SKD\*SKDCITM\*02/28/2006 01:39:00 AM\* THAS01THAS00000000000000000464013\*\* INLAKE\* 0000219345 INSTATE\_MORT\_REL \*\*LDCITM\*

1200 254958 0000 B 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.

