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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 022926

2006 MAR 21 AM 8:58

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 150 #:8005654465 "STRICKLIN" Lender ID:N54/001/108805672 Lake, Indiana PIF: 02/27/2006  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR TO WASHINGTON  
MUTUAL HOME LOANS, INC. S/B/M TO FLEET MORTGAGE CORPORATION, holder of a certain Mortgage to  
secure the amount of \$55,624.00 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: JACK S STRICKLIN JR AND THERESA A STRICKLIN  
Original Mortgagee: SAMUEL C. ENNIS & COMPANY, INC.  
Dated: 03/09/1998 Recorded: 03/18/1998 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 98018360, In  
the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 3439 -165TH ST, HAMMOND, IN 46323

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

WASHINGTON MUTUAL BANK, FA SUCCESSOR TO WASHINGTON MUTUAL HOME LOANS, INC. S/B/M TO  
FLEET MORTGAGE CORPORATION  
On March 13th, 2006

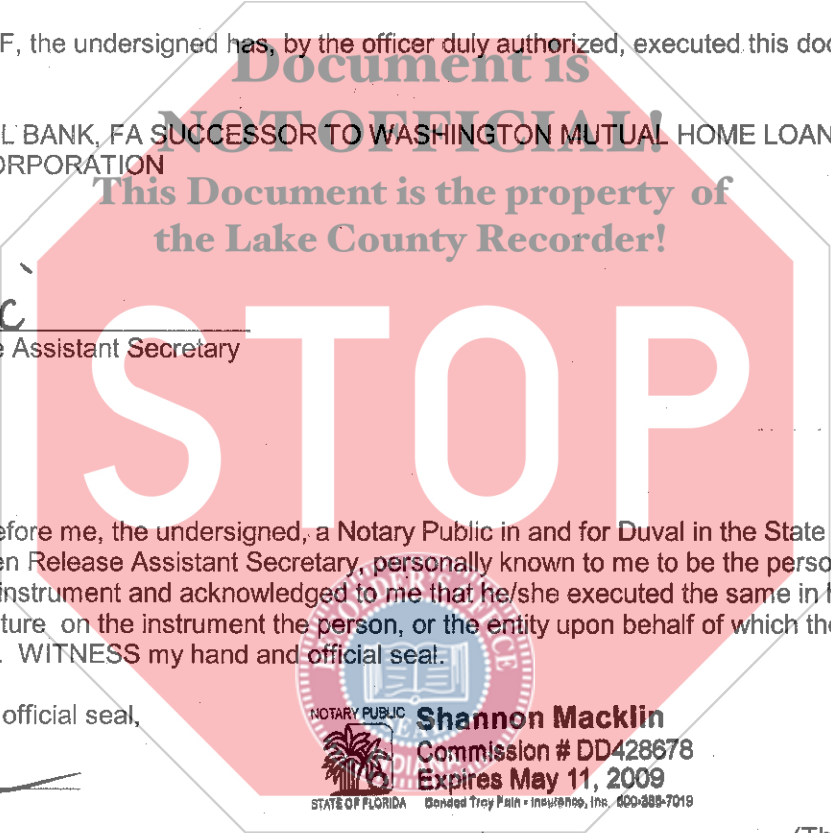
By: N Hasanic  
N Hasanic, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On March 13th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally  
appeared N Hasanic, Lien Release Assistant Secretary, personally known to me to be the person whose name is  
subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity,  
and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted,  
executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

N Hasanic  
Notary Expires:



NOTARY PUBLIC **Shannon Macklin**  
Commission # DD428678  
Expires May 11, 2009  
STATES OF FLORIDA Bonded Troy Pain - Insurance, Inc. 600-885-7019

(This area for notarial seal)

Prepared By: Johnita L Johnson, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937  
When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179

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CVL#  
8/0113603  
1200  
AM

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.

