

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2006 022940

2006 MAR 21 AM 9:15

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

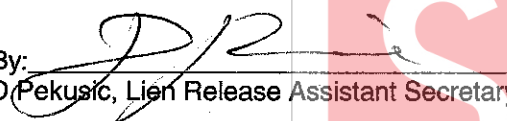
WASHINGTON MUTUAL - CLIENT 908 #:0614021111 "LONG" Lender ID:248/001/354350811 Lake, Indiana PIF: 03/02/2006  
MERS #: 100085804915548045 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR THE FIRST MORTGAGE CORPORATION, holder of a certain Mortgage to secure the amount of \$234,350.00 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: ANDREW J LONG AND LAURIE LONG  
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR THE FIRST MORTGAGE CORPORATION  
Dated: 10/27/2003 Recorded: 10/31/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 116587,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 9667 HENRY STREET, DYER, IN 46311

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

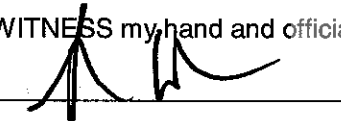
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR THE FIRST MORTGAGE CORPORATION  
On March 9th, 2006

By:   
D Pekusic, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

Before me, the undersigned, a Notary Public, on this day personally appeared D Pekusic, Lien Release Assistant Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. Given under my hand and seal of office, this day March 9th, 2006.

WITNESS my hand and official seal,



Notary Expires: / /

NOTARY PUBLIC **Shannon Macklin**  
Commission # DD428678  
Expires May 11, 2009  
STATE OF FLORIDA Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

Prepared By: Paulette Anderson, 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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200203373  
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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.

