

2

2006 022942

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 MAR 21 AM 9:15
MICHAEL A BROWN
RECORDER



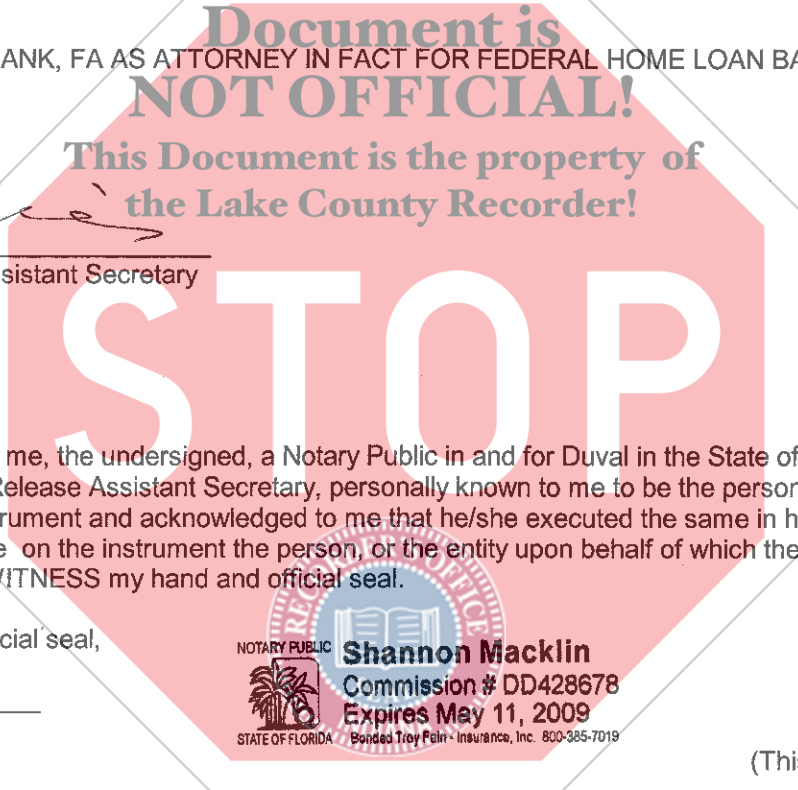
Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0622240083 "BOILEK" Lender ID:V73/013/800273265 Lake, Indiana PIF: 03/07/2006
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA AS ATTORNEY IN FACT FOR FEDERAL HOME LOAN BANK OF INDIANAPOLIS, holder of a certain Mortgage to secure the amount of \$54,000.00 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: RICHARD A BOILEK AND NANCY C BOILEK, HUSBAND AND WIFE
Original Mortgagee: HORIZON BANK, NATIONAL ASSOCIATION
Dated: 01/27/2004 Recorded: 02/02/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004 008665,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 803-E 05 CHICAGO AVE, EAST CHICAGO, IN 46312

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

WASHINGTON MUTUAL BANK, FA AS ATTORNEY IN FACT FOR FEDERAL HOME LOAN BANK OF INDIANAPOLIS
On March 9th, 2006



By: [Signature]
D Pekusic, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On March 9th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D Pekusic, 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,
[Signature]
Notary Expires: / /

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

(This area for notarial seal)

Prepared By: Paula E Harley, 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

A

1202
200203413
R

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.

