

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 023044

2006 MAR 21 AM 9:40

MICHAEL A. BROWN
RECORDER



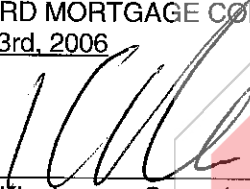
Satisfaction of Mortgage

FIFTH THIRD BANK #:0123016005615 "ERB" Lender ID:0030100/408955058 Lake, Indiana
KNOW ALL MEN BY THESE PRESENTS that FIFTH THIRD MORTGAGE COMPANY, holder of a certain Mortgage to secure the amount of \$95,600.00 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: ANGELIA M ERB, A SINGLE PERSON
Original Mortgagee: FIFTH THIRD MORTGAGE COMPANY
Dated: 11/09/2001 Recorded: 11/19/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001 093556,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 818 N BROAD STREET, GRIFFITH, IN 46319

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

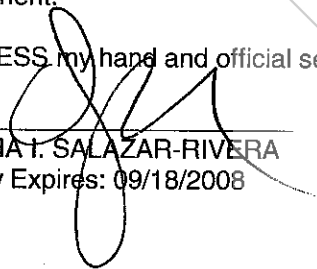
FIFTH THIRD MORTGAGE COMPANY
On March 3rd, 2006

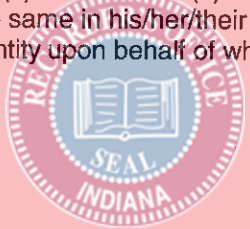
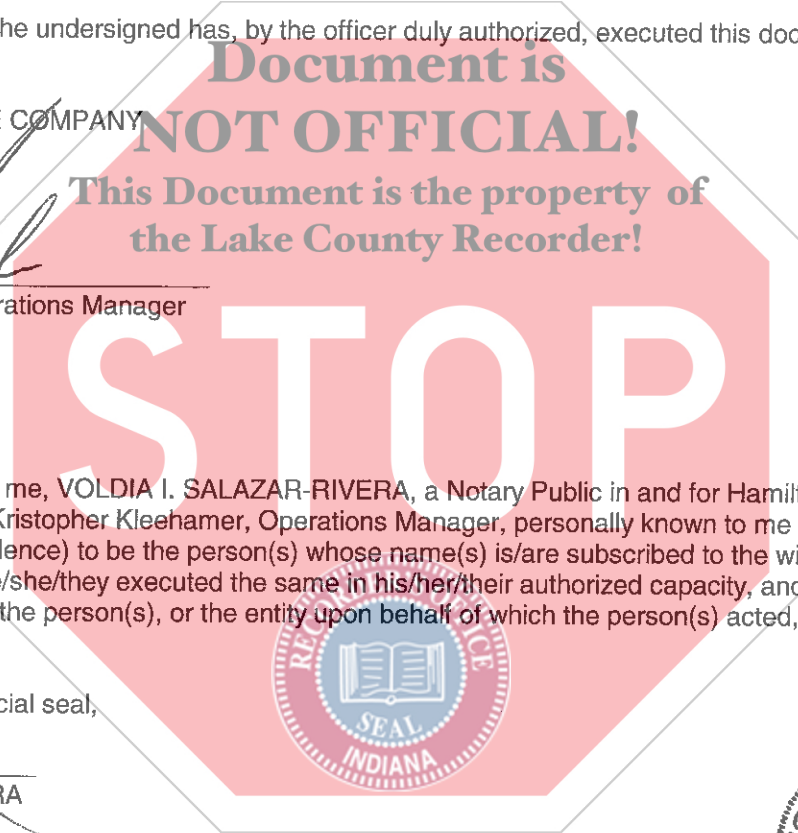
By: 
Kristopher Kleehamer, Operations Manager

STATE OF Ohio
COUNTY OF Hamilton

On March 3rd, 2006, before me, VOLDIA I. SALAZAR-RIVERA, a Notary Public in and for Hamilton in the State of Ohio, personally appeared Kristopher Kleehamer, Operations Manager, 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.

WITNESS my hand and official seal,


VOLDIA I. SALAZAR-RIVERA
Notary Expires: 09/18/2008



Prepared By: Susan Ormond, FIFTH THIRD BANK 5050 KINGSLEY DRIVE, CINCINNATI, OH 45263 513-358-7722

When Recorded Return To:
JERI MICKENS
FIFTH THIRD BANK
38 FOUNTAIN SQUARE PLAZA
MD# 1MOBB1
CINCINNATI, OH 45273

0000 9/6/9775 12-DG

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.

