2006 023132

2006 MAR 21 PM 12: 33

MICHAEL AL BROWN RECORDER

STATE OF INDIANA SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS that OCWEN LOAN SERVICING, LLC holder of a certain mortgage to secure the amount of \$ 64,800.00 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:
----------	------------

KRISTEN ELLIOTT

ORIGINAL MORTGAGEE:

INDYMAC BANK, F.S.B., A FEDERALLY CHARTERED

SAVINGS BANK

DATED:

DECEMBER 30, 2003

RECORDED DATE:

6-04

BOOK:

PAGE:

2004001145

DOC/INSTRUMENT: PROPERTY ADDRESS:

7015 MONROE ST, HAMMOND, INDIANA

APN#

26-34-36-8

COUNTY:

LAKE, INDIANA

IN WITNESS WHEREOF, the said OCWEN LOAN SERVICING, LLC by Paul Neff, Servicing Officer on FEBRUARY 28, 2006, has hereunto set its corporate name and seal.

This Document ocwen LOAN SERVICING, LLC

The Lake County Rechyd Name: Paul Neff

Servicing Officer Title:

STATE OF FLORIDA

SS.

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, the undersigned Notary, on FEBRUARY 28, 2006, by Paul Neff, Servicing Officer of OCWEN LOAN SERVICING, LLC, on behalf of the company. Paul Neff is personally known to me.

Witness my Hand and Seal of Office.

Prepared by: KATHY MAY OCWEN LOAN SERVICING, LLC

1661 Worthington Road, Suite 100 West Palm Beach, Florida 33409

Loan Number: 33400201 0228 S Investor # 2352

Notary Public - State of Florida

NOTARY PUBLIC-STATE OF FLORIDA

Christina Castro Commission # DD518202 Expires: FEB. 14, 2010 Bonded Thru Atlantic Bonding Co., Inc.

When Recorded Mail To:

Financial Dimensions, Inc. 1400 Lebanon Church Road

Pittsburgh, PA 15236

16673

Prescribed by the State Board of Accounts (2005)

County Form 170

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:
 - 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 the penalties of perjury, that the foregoing declarations are true.

This Document is Signature of Declarant the Lake County Manual Printed Name of Declarant