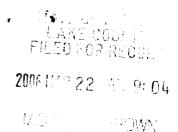
2006 023349





Satisfaction of Mortgage

CITIMORTGAGE, INC. #:2003289725 "CABALLERO" Lender ID:5616/1700500387 Lake, Indiana MERS #: 100011520032897250 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC, holder of a certain Mortgage to secure the amount of \$52,000.00 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: OFELIA CABALLERO AND GILDA RUMAN, JOINT TENANTS WITH RIGHT OF

Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC

Dated: 12/27/2005 Recorded: 01/03/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 65, In the

NOT OFFICIA

offices of the County Recorder of Lake County, in the State of Indiana

Property Address: 1616 174TH PLACE, HAMMOND, IN 46324

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

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INChe property Chilling REGISTRATION SYSTEMS INChe property Children REGISTRATION SYSTEMS INCHE On March 9th, 2006 the Lake County Recorder

MERHL GIBSON, Vice-President

STATE OF Maryland **COUNTY OF Frederick**

1980 OF CAWARE ST. On March 9th, 2006, before me, Jane Eyler, a Notary Public in and for Frederick County, in the State of Maryland, personally appeared MERHL GIBSON, Vice-President who acknowledged himself/herself to be the aforesaid officer of the above named corporation, and that he/she, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as the officer designated therein.In witness whereof I hereunto set my hand and official seal,

WITNESS my hand and official seal,

JANE EYLER

Notary Expires: 11/01/2009

Sherry L Sheffler, VERDUGO TRUSTEE SERVICE CORPORATION PO BOX 9443, GAITHERSBURG, MD 20898-9443 Prepared By: 1-800-283-7918

When Recorded Return To: **OFELIA CABALLERO** 1616 174TH PLACE HAMMOND, IN 46324

*TH1*TH1CITM*03/02/2006 09:40:00 PM* CITM01CITM0000000000000000000* INLAKE* 2003289725 INSTATE MORT REL **ASCITM*

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.

