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LAKE COUNTY  
FILED FOR RECORD

2006 023719

2006 MAR 23 AM 8:50

MICHAEL D. BROWN  
NOTARY PUBLIC



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 150 #:8436538832 "BOWERS" Lender ID:E88/085/1664219257 Lake, Indiana PIF: 03/06/2006  
MERS #: 100010980006616618 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 \$66,000.00 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: PATRICIA L BOWERS, A WIDOW  
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR BERKSHIRE MORTGAGE CORPORATION  
Dated: 02/09/1996 Recorded: 02/12/1996 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 96009246, In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 1412 215TH ST, DYER, IN 46311

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

Mortgage Electronic Registration Systems, Inc.  
On March 15th, 2006

By: J Tate  
J Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On March 15th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J Tate, 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,

Shannon Macklin  
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: Shawn Thomas, 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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ck#  
810114186  
12.00  
D.S.M.

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.

