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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 024675

2006 MAR 27 AM 8:39

MICHAEL A. BROWN
RECORDER



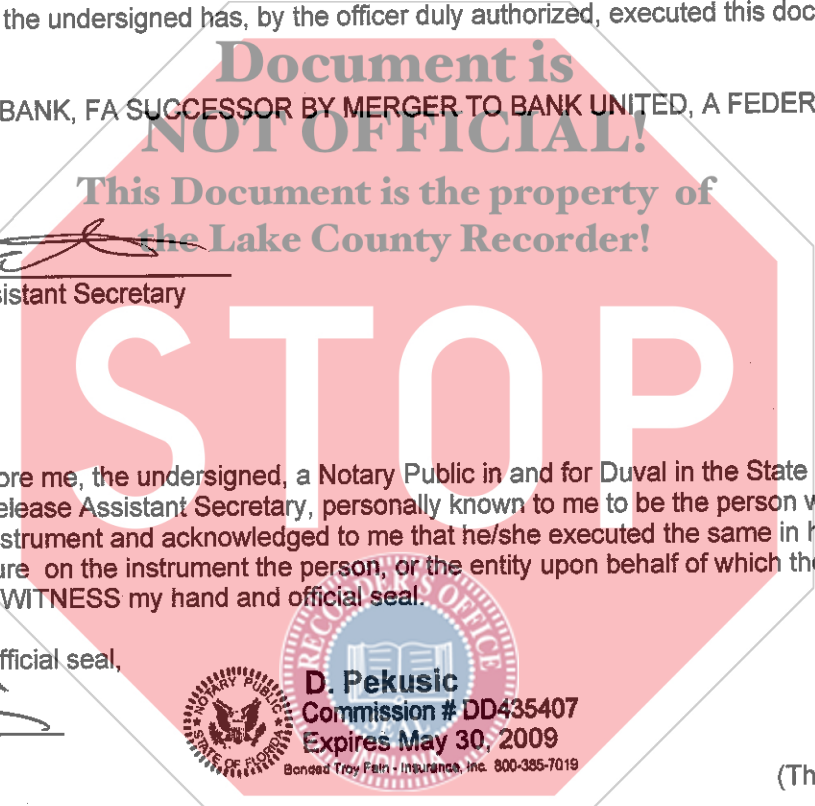
Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:6163640656 "COLLINS" Lender ID:G51/433/6163640656 Lake, Indiana PIF: 03/01/2006
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO
BANK UNITED, A FEDERAL SAVINGS BANK, holder of a certain Mortgage to secure the amount of \$40,014.00
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: MIKE A COLLINS
Original Mortgagee: LAKE MORTGAGE COMPANY, INC.
Dated: 11/06/1987 Recorded: 11/12/1987 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 949069, In the
offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 416 W WALNUT ST, CROWN POINT, IN 46307

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

WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO BANK UNITED, A FEDERAL SAVINGS BANK
On March 20th, 2006

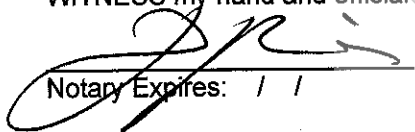


By: 
J TATE, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On March 20th, 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,



Notary Expires: 11

 **D. Pekusic**
Commission # DD435407
Expires May 30, 2009
Bonded Troy Faith - Insurance, Inc. 800-385-7019

(This area for notarial seal)

Prepared By: Paulette Anderson, 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

CH#  12. W
200705901

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.

