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MICHAEL A. BROWN
RECORDER

Release of Mortgage	
DEMOTTE STATE BANK PO BOX 346 LOWELL, IN 46356	To MILAN AND BORJANA RADJEN 16074 MORSE ST LOWELL, IN 46356
Received for record this _____ day of _____, 20____ at _____ o'clock _____ M., and recorded in Mortgage Record No. _____ page _____	Recorded _____ County. Auditor's fee \$ _____

620059226

Document is NOT OFFICIAL!

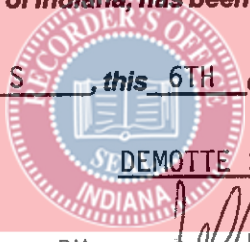
SATISFACTION OF MORTGAGE

CHICAGO TITLE INSURANCE COMPANY

This Certifies, That a certain Mortgage executed by MILAN RADJEN AND BORJANA RADJEN, HUSBAND AND WIFE to DEMOTTE STATE BANK on 6TH day of JANUARY, 2006, calling for \$ 190,000.00 and recorded in Mortgage Record No. _____, Page _____, Document No. 2005 040999, LAKE County, State of Indiana, has been fully paid and satisfied, and the same is hereby released.

WITNESS HIS hand _____ and seal S _____, this 6TH day of JANUARY, 2006

 DEMOTTE STATE BANK



BY: Jeff Sawaska
 JEFF L. SAWASKA, VP & MORTGAGE LOAN OFFICER
 State of Indiana, LAKE County ss,

Before me, the undersigned, a Notary Public in and for said County, this 6TH day of JANUARY, 2006 PERSONALLY APPEARED DEMOTTE STATE BANK BY: JEFF L. SAWASKA, VP & MORTGAGE LOAN OFFICER



acknowledged the execution of the annexed satisfaction of mortgage.
 Witness my Hand and official seal.
Heather F. Tate Notary Public
 Resident of LAKE HEATHER F. TATE County

My Commission expires 1-24-2013
 This instrument prepared by: HEATHER F. TATE, LOAN SECRETARY

PLEASE RETURN TO : DEMOTTE STATE BANK
 PO BOX 346
 LOWELL, IN 46356

1258

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

