

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 025029

2006 MAR 28 AM 9:01

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8497349343 "SMITH" Lender ID:F76/286/1662924923 Lake, Indiana PIF: 03/03/2006
MERS #: 100010980001564300 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that NBD Mortgage Company, n/k/a First Chicago NBD Mortgage Company, holder of a certain Mortgage to secure the amount of \$23,750.00 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: EMMA A SMITH
Original Mortgagee: NBD MORTGAGE COMPANY
Dated: 04/05/1995 Recorded: 04/11/1995 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 95019625, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 1768 POLK ST, GARY, IN 46407

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

NBD Mortgage Company, n/k/a First Chicago NBD Mortgage Company
On March 17th, 2006

By: 
K Wilson, Assistant Vice-President

STATE OF Florida
COUNTY OF Duval

On March 17th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared K Wilson, Assistant Vice-President, 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: / /

NOTARY PUBLIC

Shannon Macklin
Commission # DD428678
Expires May 11, 2009
STATE OF FLORIDA Bonded Troy Pain - Insurance, Inc. 800-285-7019

(This area for notarial seal)

Prepared By: Milorad Listes, 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

8/10/15006
1256

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.

