

2006 111338

STATE OF INDIANA  
LAKE COUNTY  
PUBLIC RECORDS

DEC 13 2006

MICHELLE A. CROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 156 #:0690903927 "ALVARADO" Lender ID:A26/411/0690903927 Lake, Indiana PIF: 11/21/2006  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$96,300.00 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: ELOISA ALVARADO AND CARLOS S ALVARADO JR  
Original Mortgagee: AMERIQUEST MORTGAGE COMPANY  
Dated: 03/06/2006 Recorded: 03/14/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2006-021250,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 4814 WEGG AVENUE, EAST CHICAGO, IN 46312

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

WASHINGTON MUTUAL BANK, FA  
On December 13th, 2006

By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On December 13th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Jocelyn 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: / /

 **Miriam E. Hapner**  
Commission # DD365383  
Expires October 24, 2008  
Bonded Treby Pain - Insurance, Inc. 800-385-7090

(This area for notarial seal)

Prepared By: Paula E Harley, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 866-926-8937  
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Paula E Harley.  
When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



12.00  
CHF 910259504  
PL