

2007 017537

STATE OF INDIANA
LAKE COUNTY
FILED

2007 FEB 22 9:45

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8416984162 "RENNER" Lender ID:C60/001/0639100260 Lake, Indiana PIF: 02/13/2007
MERS #: 100010980001548527 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 \$42,100.00 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: RITA RENNER MELE , AN UNMARRIED WOMAN
Original Mortgagee: NBD MORTGAGE COMPANY
Dated: 12/27/1993 Recorded: 01/04/1994 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 94000934, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 2609 ROMA CT, SCHERERVILLE, IN 46375

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

Mortgage Electronic Registration Systems, Inc.
On February 22nd, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On February 22nd, 2007, 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: / /



(This area for notarial seal)

Prepared By: Amir Travancic, WASHINGTON MUTUAL BANK, FA , PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937
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. <<PrepAffirmName>>.
When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179

*P.D.M.
1200 #
810241091*