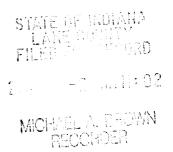
RELEASE DEED

FOR THE PROTECTION OF
THE OWNER, THIS
RELEASE MUST BE
FILED WITH THE
RECORDER OF DEEDS
OF THAT COUNTY IN WHICH
THE PROPERTY IS LOCATED.

2007 018728



The above space is for the recorder's use only

Bank No. Loan No. 6100192347

KNOW ALL BY THESE PRESENTS, That HARRIS, N.A., SUCCESSOR IN INTEREST TO HARRIS BANK ST. CHARLES a corporation of the State of Illinois, for and in consideration of the payment of the indebtedness secured by the mortgage hereinafter mentioned, and the cancellation of all the notes thereby secured, and of the sum of one Dollar, the receipt whereof is hereby acknowledged, does hereby REMISE, RELEASE, CONVEY and QUIT CLAIM unto

GEORGE B MCHENRY, MARRIED

12472 SHELBY PL, CROWN POINT, IN 46307

Heirs, legal representatives and assigns, all the right, title, interest, claim or demand whatsoever it may have acquired in, through or by a certain mortgage, bearing date the 23rd day of February, 2005 and recorded in the Recorder's Office of LAKE County, in the State of Indiana, as document No. 2005 017676, to the premise therein described, situated in the County of LAKE, State of Indiana, as follows, to wit:

LOT 90, STONEY RUN ESTATES, PHASE TWO, UNIT 4, AS SHOWN IN PLAT BOOK 90, PAGE 95, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Together with all the appurtenances and privileges thereunto belonging or appertaining.

Permanent Real Estate Index Number(s): 10-0135-0008

Witness hands and seals, December 4, 2006

15689

MORTHWEST INDIANA TITLE SERVICES, INC 162 Washington Street Lowell, Indiana 46356

STATE OF ILLINOIS, COUNTY OF COOK

The foregoing instrument was signed before me, this December 4, 2006 by Debbie Smith, Vice President of

Harris N.A. as for the uses and purposes therein set forth.

Debbie Smith, Vice President

"OFFICIAL SEAL"

ale

KAREN M. DARKES
Notary Public, State of Illinois
My Commission Expires 12/06/10

Please mail recorded document to: GEORGE MCHENRY

12472 SHELBY PL CROWN POINT, IN 46307 COURT THAT I HAVE THE REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

This instrument was prepared by: kmd, Harris N.A., CLC, Servicing Dept. B, P.O. Box 5041, Rolling Meadows, IL 60008

Caput