

2007 020564

STATE OF INDIANA  
LAKE COUNTY  
FILED

2007 MAR 15 9:50

MICHAEL A. CROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 908 #:0611953837 "DEJARLAIS" Lender ID:F27/507/1688947383 Lake, Indiana PIF: 02/27/2007  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$131,900.00 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: PATRICK T DEJARLAIS AND PAULA R DEJARLAIS , HUSBAND AND WIFE  
Original Mortgagee: CONTOUR MORTGAGE GROUP, INC.,  
Dated: 05/09/2003 Recorded: 05/16/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 050092,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 8574 E 123RD PL, CROWN POINT, IN 46307

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

WASHINGTON MUTUAL BANK, FA  
On March 1st, 2007

By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On March 1st, 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)

This instrument was prepared by: Suzana Mulahmetovic, 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. Suzana Mulahmetovic.

When Recorded Return To:  
, Washington Mutual PO BOX 45179, JACKSONVILLE, FL 32232-5179

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