

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 032109

2007 APR 19 AM 8:44

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

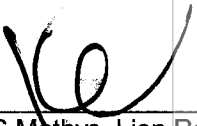
WASHINGTON MUTUAL - CLIENT 908 #:5301363783 "LESNER" Lender ID:F48/497/1676520799 Lake, Indiana PIF: 04/02/2007  
MERS #: 100012453013637835 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$99,600.00 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: LOREN LESNER  
Original Mortgagee: BANGROUP MORTGAGE CORPORATION  
Dated: 03/29/2001 Recorded: 04/03/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001 023632,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 9801 WILDWOOD, HIGHLAND, IN 46322

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

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR WASHINGTON MUTUAL BANK, FA  
On April 10th, 2007

By:   
Kimberly S Mathys, Lien Release Assistant  
Secretary

STATE OF Florida  
COUNTY OF Duval

On April 10th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Kimberly S Mathys, 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:  / /

 Kimberly M. Westbrook  
Commission # DD483791  
Expires October 19, 2009  
Bonded Troy Farn - Insurance, Inc. 800-385-7019

(This area for notarial seal)

This instrument was prepared by: Amir Cohkovic, 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. Amir Cohkovic.

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



\*BG\*BGWAMT\*04/10/2007 01:47:56 PM\* WAMU05WAMU000000000000004111816\* INLAKE\* 5301363783 INSTATE\_MORT\_REL \*AC\*ACWAMT\*

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CK#  
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