STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MICHAEL A. BPOWN RECORDER



Satisfaction of Mortgage

Cenlar FSB #:0016341406 "FRASSINONE" Lender ID:V42/0016341406 Lake, Indiana KNOW ALL MEN BY THESE PRESENTS that STATE FARM BANK F.S.B., holder of a certain Mortgage to secure the amount of \$88,100.00 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: VINCENT A FRASSINONE AND BRANDI L FRASSINONE, HUSBAND AND WIFE

Original Mortgagee: STATE FARM BANK F.S.B.

Dated: 11/07/2003 Recorded: 11/26/2003 as Instrument No.: 2003 125320, In the offices of the County Recorder of

Lake County, in the State of Indiana

Property Address: 148 S INDIANA AVE, CROWN POINT, IN 46307

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

Jocument is

STATE FARM BANK F.S.B.

On April 16th, 2007

T OFFICIAL!

This Document is the property of the Lake County Recorder!

Purpose Assistant DONNA J. LYNCH, L nited

Secretary

STATE OF New Jersey **COUNTY OF Mercer**

On April 16th, 2007, before me, HALLIE L. ROBERTS, a Notary Public in and for Mercer in the State of New Jersey, personally appeared DONNA J. LYNCH, Limited Purpose Assistant Secretary, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed HIHHHHHHHHHHHHHH the instrument.

WITNESS my hand and official seal,

HALLIE L. ROBERTS

Notary Expires: 03/15/2009 #2056477

(Mista partography) al seal) This instrument was prepared by: Loretta Foster, CENLAR FSB PO BOX 77414, TRENTON, NJ 08628 609-883-3900 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. Loretta Foster.

When Recorded Return To:

VINCENT FRASSINONE, 148 S INDIANA AVE, CROWN POINT, IN 463074160

NAM. 19.00 505320