

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 041914

2007 MAY 23 AM 8:39

MICHAEL A. BROWN  
RECORDER



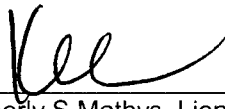
**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 908 #:0612750190 "WING" Lender ID:F27/987/1692625794 Lake, Indiana PIF: 05/10/2007  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$107,000.00 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: SANDRA K WING , INDIVIDUALLY  
Original Mortgagee: BANCGROUP MORTGAGE CORPORATION, AN ILLINOIS CORPORATION  
Dated: 07/30/2003 Recorded: 08/11/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003-083614,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 1722 FIR AVE, CROWN POINT, IN 46307

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


WASHINGTON MUTUAL BANK, FA  
On May 16th, 2007

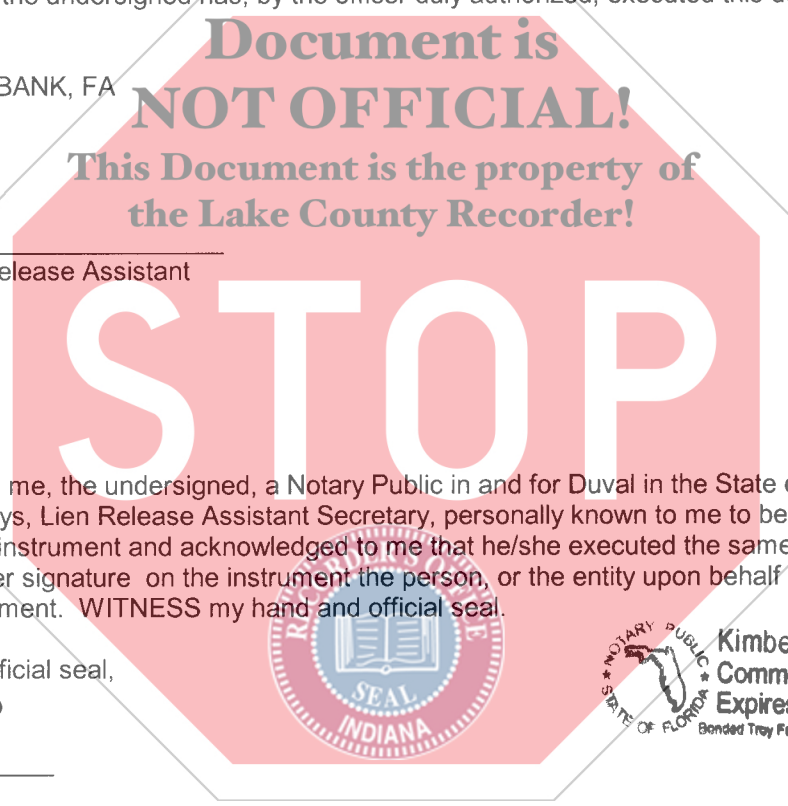
By:   
Kimberly S Mathys, Lien Release Assistant  
Secretary

STATE OF Florida  
COUNTY OF Duval

On May 16th, 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 Fain - Insurance, Inc. 800-395-7019

(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



*D. J. M.*  
*12.00*  
*200444799*

*N*