

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 04 19 15

2007 MAY 23 AM 8:39

MICHAEL A. BROWN
RECORDER




Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0046858734 "SITTER" Lender ID:F25/567/1684587032 Lake, Indiana PIF: 05/15/2007
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$96,000.00 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: JOSEPH C SITTER AND JULIE A DEVRIES SITTER
Original Mortgagee: WASHINGTON MUTUAL BANK, FA
Dated: 10/28/2002 Recorded: 11/06/2002 in Book/Reel/Liber: 2002 100855 Page/Folio: N/A as Instrument No.: N/A,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 3102 LINCOLN ST, HIGHLAND, IN 46322

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

WASHINGTON MUTUAL BANK, FA
On May 17th, 2007

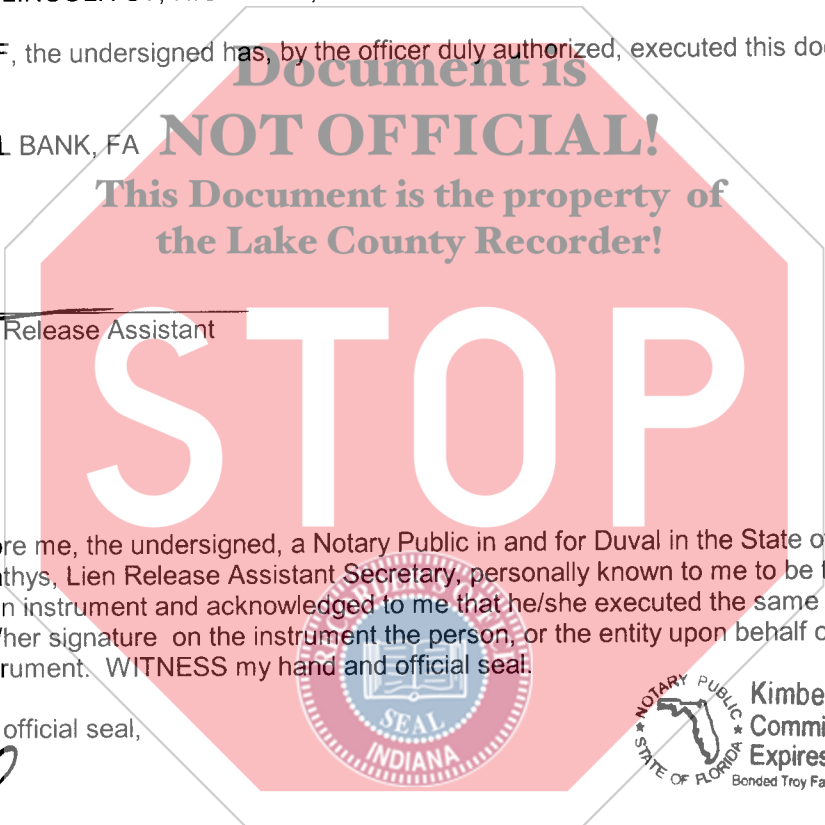
By: 
Kimberly S Mathys, Lien Release Assistant
Secretary

STATE OF Florida
COUNTY OF Duval

On May 17th, 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 800-385-7019

(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



*D.D.M.
12.00
200445-361*