

STATE OF INDIANA
LAKE COUNTY
PUBLIC RECORDS

2007 042706

2007 MAY 23 AM 6:49

NICHOLLA A. BOON
RECORDER



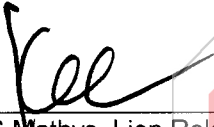
Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0606398725 "MILOSHOFF" Lender ID:F49/081/1693011938 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 \$102,700.00 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: LAURA A MILOSHOFF AND ELIJAH B MOSS, AS JOINT TENANTS
Original Mortgagee: CONTOUR MORTGAGE GROUP, INC.
Dated: 09/09/2003 Recorded: 09/12/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 095605,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 1092 CRIMSON CLOVER WAY, SCHERERVILLE, IN 46375

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: 11 / 1



 Kimberly M. Westbrook
Commission # DD483791
Expires October 19, 2009
Bonded Troy Fair - 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



*DD.M
1200
200445988*