

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 044810

2007 JUN -4 AM 8:33

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 156 #:0684935224 "CEPERICH" Lender ID:C04/002/273513206 Lake, Indiana PIF: 05/23/2007
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION, holder of a certain Mortgage to secure the amount of \$71,910.00 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: GABE N CEPERICH, A SINGLE PERSON
Original Mortgagee: WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION
Dated: 03/21/2005 Recorded: 03/30/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005 023993,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 7741 BIRCH DR, HAMMOND, IN 46324

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

WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION
On May 25th, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On May 25th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Jocelyn Tate, 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: / /



(This area for notarial seal)

This instrument was prepared by: Annette Butler, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 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. Annette Butler.

When Recorded Return To:
, WASHINGTON MUTUAL PO BOX 45179, JACKSONVILLE, FL 32232-5179

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