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**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 908 #:5303738677 "MCKINNEY" Lender ID:J80/001/601807296 Lake, Indiana PIF: 06/01/2007  
MERS #: 100063415420045090 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR EVERBANK, holder of a certain Mortgage to secure the amount of \$104,000.00 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: KIM MCKINNEY, A MARRIED WOMAN  
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR EVERBANK  
Dated: 04/12/2006 Recorded: 04/18/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2006-031686,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 6150 GLEN DR, MERRILLVILLE, IN 46410

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

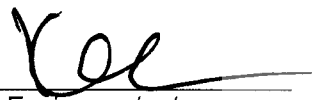
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR EVERBANK  
On June 6th, 2007

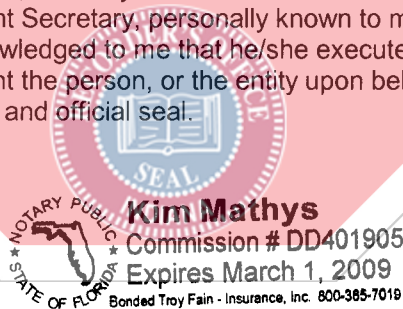
By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On June 6th, 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: Amir Cohkovic, WASHINGTON MUTUAL BANK, FA , PO BOX 45179, JACKSONVILLE, FL 32232-5179  
1-866-926-8937

I affirm, under the penalties of 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 \$  
2004559341*