

2007 047839



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0631272911 "LAUDER" Lender ID:F49/588/1694165406 Lake, Indiana PIF: 06/01/2007
MERS #: 100078900001300215 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR HEARTWELL MORTGAGE CORPORATION, holder of a certain Mortgage to secure the amount of \$133,600.00 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: CRAIG LAUDER AND TRACI LAUDER, HUSBAND AND WIFE
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC AS NOMINEE FOR HEARTWELL MORTGAGE CORPORATION
Dated: 11/11/2003 Recorded: 11/25/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2003 124640,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 7922 BRACKEN PKWY, HOBART, IN 46342

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

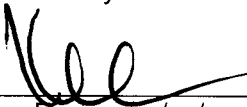
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR HEARTWELL MORTGAGE CORPORATION
On June 6th, 2007

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: / /

 **Kim Mathys**
Commission # DD401905
Expires March 1, 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.A.M. #
13.00
2006/55921*