

2007 048354



**Satisfaction of Mortgage**


WASHINGTON MUTUAL - CLIENT 908 #:0066398959 "TOMPULIS" Lender ID:248/007/119265427 Lake, Indiana PIF: 06/05/2007  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA, holder of a certain Mortgage to secure the amount of \$140,954.00 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: ANDRE D TOMPULIS  
Original Mortgagee: WASHINGTON MUTUAL BANK, FA  
Dated: 05/19/2005 Recorded: 05/24/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005 042056,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 10575 MAINE DR, CROWN POINT, IN 46307

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

WASHINGTON MUTUAL BANK, FA  
On June 7th, 2007

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On June 7th, 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: / /



MIRIAM E. HAPNER  
Commission DD365383  
Expires October 24, 2008  
Remember They Pay Insurance 866-885-7019

(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.*  
*13.00 #*  
*200456091*