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**Satisfaction of Mortgage**

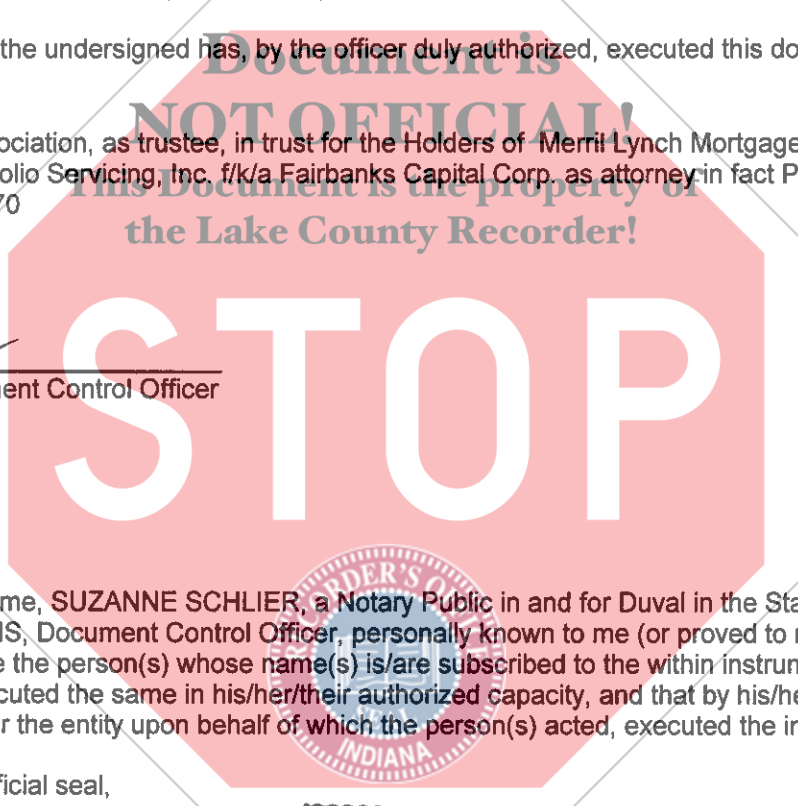
ALTA REAL ESTATE SERVICES, INC. #0002262509 "LOUDERMILK" Lender ID:845/8000988231 Lake, Indiana PIF: 05/31/2007  
KNOW ALL MEN BY THESE PRESENTS that LaSalle Bank National Association, as trustee, in trust for the Holders of Merrill Lynch Mortgage Investors Trust Series 2002-AFC1 by Select Portfolio Servicing, Inc. f/k/a Fairbanks Capital Corp. as attorney in fact, holder of a certain Mortgage to secure the amount of \$103,500.00 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: GARY K. LOUDERMILK AND JUDY LOUDERMILK, HUSBAND & WIFE  
Original Mortgagee: SUPERIOR BANK FSB  
Dated: 01/24/2001 Recorded: 02/13/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2001-10192, In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 8134 GRACE PLACE, HIGHLAND, IN 46322

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

LaSalle Bank National Association, as trustee, in trust for the Holders of Merrill Lynch Mortgage Investors Trust Series 2002-AFC1 by Select Portfolio Servicing, Inc. f/k/a Fairbanks Capital Corp. as attorney in fact POA: 10/25/2004 as Instrument No.: 2004090770  
On June 6th, 2007

By: [Signature]  
DORIS WILLIAMS, Document Control Officer



STATE OF Florida  
COUNTY OF Duval

On June 6th, 2007, before me, SUZANNE SCHLIER, a Notary Public in and for Duval in the State of Florida, personally appeared DORIS WILLIAMS, Document Control Officer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

[Signature]  
SUZANNE SCHLIER  
Notary Expires: 11/15/2009 #DD 490921



This instrument was prepared by:  
Arlene Jakubowski, ALTA REAL ESTATE SERVICES, INC. P.O. BOX 551170, JACKSONVILLE, FL 32255 800-944-1212  
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. Arlene Jakubowski.  
When Recorded Return To:  
, ALTA REAL ESTATE SERVICES, INC P.O. BOX 551170 ATTN: RECONVEYANCE DEPT., JACKSONVILLE, FL 32255-9939

\*ZAR\*ZARFLCC\*06/06/2007 11:16:03 AM\* FLCC01FLCC0000000000000000820197\* INLAKE\* 0002262509 INSTATE\_MORT\_REL \*AFJ\*AFJFLCC\*

*Handwritten:* D.D.M. 12:00 # 00109329