

2007 051316

STATE OF INDIANA
LAKE COUNTY
RECORDER
2007 JUN 20 2:09:11
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8499514191 "VALLEM" Lender ID:842/001/0000830987 Lake, Indiana PIF: 06/04/2007
KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS
NOMINEE FOR HOMESIDE LENDING, INC., holder of a certain Mortgage to secure the amount of \$33,267.00 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: LAWRENCE L VALLEM
Original Mortgagee: GAINER BANK, NA
Dated: 09/14/1989 Recorded: 09/19/1989 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 58338, In the
offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 2465 SHELBY ST, LAKE STATION, IN 46405-2444

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


MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR HOMESIDE LENDING, INC.
On June 13th, 2007

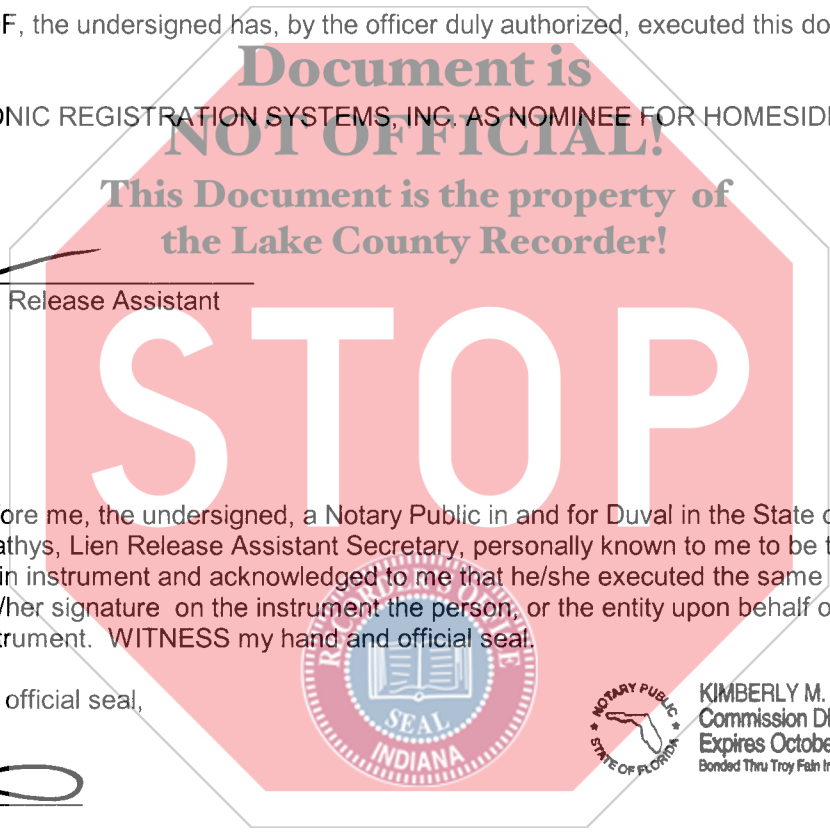
By: 
Kimberly S Mathys, Lien Release Assistant
Secretary

STATE OF Florida
COUNTY OF Duval

On June 13th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally
appeared Kimberly S Mathys, 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 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.W.M.
12.00 #
810264822