

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 053166

2007 JUN 29 AM 10: 08

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8428066115 "ZARNDT" Lender ID:F70/032/1675000746 Lake, Indiana PIF: 06/15/2007
MERS #: 100015000104445458 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR BANK ONE, NA, holder of a certain Mortgage to secure the amount of \$96,900.00 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: VIRGINIA ZARNDT , A SINGLE PERSON
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR BANK ONE , N.A.
Dated: 07/31/2000 Recorded: 08/15/2000 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2000-058463,
In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 8435 5TH PL, HIGHLAND, IN 46322

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

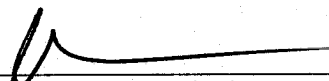
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR BANK ONE, NA
On June 19th, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On June 19th, 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
Bonded Thru Troy Pain Insurance 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

*P.D.M.
12.00 #
810271261*