

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 072005

2007 SEP -6 PM 3:01

MICHAEL A. BROWN
RECORDER



Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 150 #:8475861608 "JOSLEYN" Lender ID:E57/001/1130756406 Lake, Indiana PIF: 08/15/2007
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO HOMESIDE LENDING, INC., holder of a certain Mortgage to secure the amount of \$42,000.00 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: DARRELL R JOSLEYN AND ANTOINETTE JOSLEYN, HUSBAND AND WIFE
Original Mortgagee: BANC ONE MORTGAGE CORPORATION
Dated: 06/11/1993 Recorded: 06/21/1993 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 93039857, In the offices of the County Recorder of Lake County, in the State of Indiana
Property Address: 6924 HARRISON ST, MERRILLVILLE, IN 46410-3320

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

WASHINGTON MUTUAL BANK, FA SUCCESSOR BY MERGER TO HOMESIDE LENDING, INC.
On August 27th, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On August 27th, 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 800-985-7019

(This area for notarial seal)

This instrument was prepared by: Ann Covington, 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. Ann Covington.

When Recorded Return To:
, WASHINGTON MUTUAL PO BOX 45179, JACKSONVILLE, FL 32232-5179



de # 810 285437
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B/S