

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 094711

2007 DEC -3 AM 9:00

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 156 #:0695388397 "GOHEEN" Lender ID:H47/002/6459664 Lake, Indiana PIF: 11/16/2007  
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK SUCCESSOR BY MERGER TO  
LONG BEACH MORTGAGE COMPANY, holder of a certain Mortgage to secure the amount of \$118,320.00 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: TIMOTHY J GOHEEN  
Original Mortgagee: LONG BEACH MORTGAGE COMPANY  
Dated: 04/29/2005 Recorded: 05/05/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005 036269,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 3527 41 ST, HIGHLAND, IN 46322

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

WASHINGTON MUTUAL BANK SUCCESSOR BY MERGER TO LONG BEACH MORTGAGE COMPANY  
On November 19th, 2007



By: [Signature]  
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On November 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,

[Signature]  
Notary Expires: 11



(This area for notarial seal)

This instrument was prepared by: Amir Cohkovic, WASHINGTON MUTUAL BANK, FA , PO BOX 45179, JACKSONVILLE, FL 32232-5179  
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



*Handwritten:*  
1200  
910532368