

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 097152

2007 DEC 12 AM 9:17

MICHAEL A. BROWN  
RECORDER



**Satisfaction of Mortgage**

WASHINGTON MUTUAL - CLIENT 908 #:0634061121 "REID-SNIDER" Lender ID:248/008/280826591 Lake, Indiana PIF: 11/27/2007  
MERS #: 100029500008965349 VRU #: 1-888-679-6377

KNOW ALL MEN BY THESE PRESENTS that MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR TAYLOR, BEAN & WHITAKER MORTGAGE CORP., holder of a certain Mortgage to secure the amount of \$240,000.00 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: AMANDA REID-SNIDER AND SHAYNE SNIDER, WIFE AND HUSBAND  
Original Mortgagee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR TAYLOR, BEAN & WHITAKER MORTGAGE CORP.  
Dated: 09/02/2005 Recorded: 09/12/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005-078797,  
In the offices of the County Recorder of Lake County, in the State of Indiana  
Property Address: 1255 POSTON PL, SCHERERVILLE, IN 46375

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


MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR TAYLOR, BEAN & WHITAKER MORTGAGE CORP.  
On November 30th, 2007

By:   
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida  
COUNTY OF Duval

On November 30th, 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: / /



(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



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CA