

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099569

2007 DEC 20 AM 9:38

MICHAEL A. BROWN
RECORDER




Satisfaction of Mortgage

WASHINGTON MUTUAL - CLIENT 908 #:0622240596 "HOGAN" Lender ID:V73/001/800276220 Lake, Indiana PIF: 12/03/2007
KNOW ALL MEN BY THESE PRESENTS that PNC BANK, NATIONAL ASSOCIATION S/B/M CHEMICAL BANK NEW JERSEY, NATIONAL ASSOCIATION F/K/A HORIZON BANK, NATIONAL ASSOCIATION, holder of a certain Mortgage to secure the amount of \$40,000.00 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: MATHILDA C HOGAN
- ➔ Original Mortgagee: HORIZON BANK, NATIONAL ASSOCIATION
- ➔ Dated: 03/12/2004 Recorded: 03/19/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004-022875, In the offices of the County Recorder of Lake County, in the State of Indiana
- ➔ Property Address: 1592 BEVERLY ST, HAMMOND, IN 46324

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

PNC BANK, NATIONAL ASSOCIATION S/B/M CHEMICAL BANK NEW JERSEY, NATIONAL ASSOCIATION F/K/A HORIZON BANK, NATIONAL ASSOCIATION
On December 12th, 2007

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On December 12th, 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 Fain Insurance 900-385-7019

(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

ck #200530015
12⁰⁰
BS